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THE YOUTH DRUG AND MENTAL HEALTH SERVICES ACT
OF 1999

OCTOBER 19, 1999.—Ordered to be printed

Mr. JEFFORDS, from the Committee on Health, Education, Labor,
and Pensions, submitted the following

REPORT

together with

ADDITIONAL VIEWS

[To accompany S. 976]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 976) to amend title V of the Public Health Service Act to focus the authority of the Substance Abuse and Mental Health Services Administration on community-based services for children and adolescents, to enhance flexibility and accountability, to establish programs for youth treatment, and to respond to crises, especially those related to children and violence, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill, as amended, do pass.

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I. PURPOSE AND SUMMARY OF THE BILL

The Substance Abuse and Mental Health Services Administration (SAMHSA), was created in October 1992 by "The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act" [P.L. 102-321] to reduce the incidence of substance abuse and mental illness. The fields of substance abuse treatment and prevention and mental health have changed considerably. So must the federal approach in addressing these major public health issues. The main purposes of the "Youth Drug and Mental Health Services Act" are to focus attention on the needs of children and adolescents, to develop flexibility for the States and the Secretary in addressing mental health and substance abuse services, and to strengthen accountability for the States' use of Federal substance abuse and mental health service funds.

CHILDREN AND ADOLESCENTS

The Committee is well aware of the increase in drug use among our youth over the past seven years. Nearly a quarter of our 8th graders and about half of all high school seniors have tried marijuana. Even though the latest survey suggests a leveling off of this trend, there will be many more drug-related problems due simply to the growing number of 12-20-year-olds as demographics point to a surge in the youth population.

At least 9 to 13 million children or 14 to 20 percent of all children in the United States experience one or more emotional, behavioral, or mental disorders. An estimated 3.5 million have a serious emotional disturbance.

The Nation will long remember the chilling violence in unexpected areas of the country where children killed children. Despite the recent statistics on reductions in youth violence in schools, we cannot afford to have our children exposed to such violence, whether it is in schools, in their neighborhoods, or in their houses.

Thus the first focus of this bill is to address violence among children and adolescents and their need for mental health and substance abuse services. The Committee addresses issues of violence by authorizing a program that researchers and service providers support. It is a program sponsored jointly by the Departments of Education and Justice and the Center for Mental Health Services in the SAMHSA. Further, the bill authorizes a program to provide mental health research and services for those who have been victims of violence or witnessed it.

With regard to substance abuse, the bill reauthorizes a program to focus substance abuse prevention services on youth and creates a specific authority to address the surge in methamphetamine and inhalant abuse in many rural and frontier States. Further, the Committee authorizes a program which will help foster the development of a treatment system in the United States to work with youth and to expand early intervention services to address the needs of youth who have become involved with alcohol and/or drugs but who are not yet addicted.

Besides reclaiming our children and adolescents from alcohol and drugs and reducing crime, the Committee is also concerned about our children and adolescents who have serious emotional disturb-

ances. Therefore, the bill reauthorizes the Comprehensive Community Based Mental Health Services for Children with Serious Emotional Disturbance. The bill also demonstrates the Committee's concern for children and adolescents who have a serious emotional disturbance and who are involved in the juvenile justice system by authorizing a program to provide wraparound services to ensure that children and adolescents involved with the juvenile justice system receive the mental health services they need. Besides helping a child or teen handle their problems, these services will help keep these children out of the juvenile justice system.

FLEXIBILITY AND ACCOUNTABILITY

President Reagan in 1981 made a major shift in how the Federal government would provide support for mental health and substance abuse services by creating a block grant program built on the assumption that States knew how best to provide for the needs of their citizens. The current Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant are the descendants of the program that President Reagan started. His block grant program provided funding to States with a limited number of restrictions and requirements and held States accountable based on their expenditure of funds. Over the years, Congress made many changes to the block grant legislation including imposing several new requirements on States where Congress felt that public health issues such as services for pregnant addicts, drug resistant tuberculosis and HIV transmission, were not being adequately provided. In addition, Congress is concerned about whether the States are using Federal funds efficiently and effectively. In order to determine that, the Committee believes it is necessary to change the accountability system which has been used since 1981 from one based on State expenditures to a performance based system. This bill begins the process of making that shift while restoring much of the original flexibility that States enjoyed under President Reagan. More flexibility will result when a performance based system is fully implemented in three years.

The move to a performance based system, however, will not be easy. In 1995, this Committee considered and passed legislation that would have changed the system immediately. That bill never passed the Senate and at the end of that Congress, Federal and State officials met to discuss this shift. Those discussions led to a compromise, supported by the Administration and the States, that would make the block grants more flexible and would implement a performance based accountability system. That compromise had three parts, all of which are included in S. 976.

The first part creates added flexibility for the States as we move to a performance system by reducing the requirements on States in their use of block grant funds. In the Substance Abuse Prevention and Treatment Block Grant, the bill repeals a requirement that States spend 35 percent of their allotment on alcohol related activities and 35 percent on drug related activities. The requirement that States maintain a \$100,000 revolving fund for recovery homes is made optional. In addition, the Secretary is given authority to waive seven different requirements for use of funds if the State meets certain criteria. This criteria will be established in reg-

ulation and developed with States and other interested parties, including providers and consumers. Governors would be free to add, during improved economic financial times, one-time infusions of funds for substance abuse without affecting the calculations for future year maintenance of effort requirements. States would be permitted to obligate their funds over two years instead of one, as is currently required.

The seven requirements that may be waived if certain criteria are met include section 1922(b) which requires the State to maintain a level of expenditure for pregnant addicts and women with children, section 1923 which requires mandatory services for persons who use intravenous drugs, section 1924(a) requiring services for tuberculosis, section 1924(b) requiring designated States to use a prescribed portion of their allotment for HIV early intervention services, section 1928(a) which requires the States to detail improvement in their referral systems, section 1928(b) which requires the States to provide continuing education to counselors, and finally section 1928(c) which requires the States to ensure coordination of services among several service organizations. The committee believes that all of these requirements are important priorities that should be addressed, however, the goal is to give the state the flexibility to identify their own priority needs.

There are very few requirements in the Community Mental Health Services Block Grant, and yet the bill restores more flexibility by decreasing the number of mandatory criteria in the plan from 12 to 5. This permits the States to submit more cohesive plans and reduce their administrative burden. The bill delays the submission of State reports to December 1, permits the Governor the ability to give one-time infusions of funds into mental health services without those funds increasing the calculation of future year maintenance of effort requirements, and allows the States to obligate funds over two years, instead of one as required in current law.

The second part requires the Secretary to submit to Congress, within two years of enactment of this bill, a plan developed in conjunction with State and local governments, communities, providers and consumers detailing the flexibility that will be given to the States and measures for accountability. The plan will include the performance measures that will be used (including measures to be used for vulnerable populations like pregnant addicts, persons affected by tuberculosis or HIV, and those with co-occurring mental health and addictive disorders); the data elements to be collected and reported on, and the definitions of those data elements; the obstacles to be expected in implementing this program, and how those obstacles will be dealt with; the resources needed to implement the plan; and recommendations for legislative language to implement the system. The Committee is pleased that SAMHSA has been working with States in the development of the measures and that some States are piloting the use of those measures this year. The Committee looks forward to receiving that plan so that when the Committee next considers SAMHSA reauthorization, we can implement the shift to a performance based system in federal statute.

The third part addresses the issue of how to fund the implementation of a performance-based system. While some States have very good data collection systems in place, many would be unable to implement a performance-based system without considerable financial assistance to improve their data infrastructure. S. 976 includes in Section 404 an authority for the Secretary to make awards to States for the purpose of improving data collection and reporting capabilities. The Committee does not believe, however, that only the Federal government should be paying for the implementation of a performance system. Many State legislatures are implementing such systems on their own in an effort to hold State agencies accountable. The States have a role to play in establishing and implementing this new system.

The Committee fully supports the move to grant states flexibility and a performance-based accountability system and looks forward to submission of the performance plan established by the Secretary within two years.

SUMMARY OF CHILDREN AND ADOLESCENTS PROVISIONS

The children and adolescents provisions of S. 976 would:

1. Authorize the Secretary to make grants to public entities in consultation with the Attorney General and the Secretary of Education to assist local communities in developing ways to assist children in dealing with violence. Four different types of grants are permitted under the authority: grants to provide financial support to enable the communities to implement the programs; to provide technical assistance to local communities; to provide technical assistance in the development of policies; and to assist in the creation of community partnerships among the schools, law enforcement and mental health services. Funding for this program is authorized at \$100 million for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002.

2. Authorize the Secretary to develop knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or surviving domestic, school and community violence and terrorism. Establishes centers of excellence to provide research, training, and technical assistance to communities in dealing with the emotional burden of domestic, school and community violence and terrorism if and when indicate occur. Funding for this program is authorized at \$50 million for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002.

3. Permit the Secretary to use up to 3% of the funds appropriated for discretionary grants for responding to emergencies. The authority would permit an objective review instead of peer review to allow for an expedited process for making awards. Provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

4. Reauthorize the High Risk Youth Program which provides funds to public and non-profit private entities to establish programs for the prevention of drug abuse among high risk youth.

5. Authorize the Secretary to make grants, contracts or cooperative agreements to public and non-profit private entities for the purpose of providing substance abuse treatment services for chil-

dren and adolescents. Funding for these programs is authorized at \$40 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

6. Authorize the Secretary to make grants, contracts or cooperative agreements to public and non-profit private entities including local educational agencies for the purposes of providing early intervention substance abuse services for children and adolescents. Funding for these programs is authorized at \$20 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

7. Authorize the creation of research training and technical assistance centers to assist States and local jurisdictions in providing appropriate care for adolescents who are involved with the juvenile justice system and have a serious emotional disturbance. Funding for these programs is authorized at \$4 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

8. Authorize the Secretary to make grants, contracts, or cooperative agreements to carry out school based as well as community based programs to prevent the use of methamphetamine and inhalants. Funding for these programs is authorized at \$10 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

9. Reauthorize the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances program to provide seed money to local communities to develop systems of care for children with serious emotional disturbances thus improving the quality of care and increasing the likelihood that these children would remain in local communities rather than being sent to residential facilities.

10. Reauthorize the Services for Children of Substance Abusers Act and transfer, for better coordination, this program from Health Resources and Services Administration (HRSA) to SAMHSA. This program authorizes the Secretary to make grants to public and non-profit private entities to provide the following services to children of substance abusers; periodic evaluations, primary pediatric care, other health and mental health services, therapeutic interventions, preventive counseling, counseling related to witnessing of chronic violence, referrals for and assistance in establishing eligibility for services under other programs, and other developmental services. Funding for these programs is authorized at \$50 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

11. Authorize the Secretary to make grants, contracts or cooperative agreements to State and local juvenile justice agencies to help such agencies provide aftercare services for youth offenders who have or are at risk of a serious emotional disturbance and who have been discharged from juvenile justice facilities. Funding for these programs is authorized at \$40 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

12. Amend the sections that establish the responsibilities of the Centers for Substance Abuse Treatment, Substance Abuse Prevention, and the Mental Health Services to include an emphasis on

children. The Director of the Center for Mental Health Services is required to collaborate with the Attorney General and the Secretary of Education on programs that assist local communities in developing programs to address violence among children in schools.

SUMMARY OF THE MENTAL HEALTH PROVISIONS

The mental health provisions of S. 976 would:

1. Repeal several specific authorities related to mental health services in favor of a broad authority that gives the Secretary and the States more flexibility in responding to individuals in need of mental health services. The bill authorizes four types of grants: (1) knowledge development and application grants which are used to develop more information of how best to serve those in need; (2) training grants to disseminate the information that the agency gathers through its knowledge development; (3) targeted capacity response which enables the agency to respond to service needs in local communities; and (4) systems change grants and grants to support family and consumer networks in States. Repealed in this section are sections 303, 520A and 520B of the Public Health Service Act and section 612 of the Stewart B. McKinney Act. Funding for this program is authorized at \$300 million for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002. The bill encourages the interface between mental health and primary care as a high priority for funding.

2. Reauthorize the Grants for the Benefit of Homeless of individuals program which provides grants to develop and expand mental health and substance abuse treatment services to homeless individuals. Preference is maintained for organizations that provide integrated primary health care, substance abuse and mental health services to homeless individuals, programs that demonstrate effectiveness in serving homeless individuals, and programs that have experience in providing housing for individuals who are homeless. Funding for this program is to be authorized at \$50 million for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002.

3. Reauthorize the Projects for Assistance in Transition from Homelessness program which provides funds to States under a formula for the provision of mental health services to homeless individuals. Preference is maintained for organizations with demonstrated effectiveness in serving homeless veterans. Funding for this program is authorized at "such sums" as necessary for fiscal years 2000 through 2002.

4. Reauthorize the Community Mental Health Services (CMHS) Block Grant as a Performance Partnership Block Grant. Each State and the Federal Government would work in partnership to develop goals and performance objectives to improve mental health of adults with serious mental illness and children with serious emotional disturbances. State accountability under these programs is built upon with State expenditure of funds. Provisions in this section and other sections of this bill provide for the first steps in increasing State flexibility in the use of funds while establishing an accountability system based on performance. The number of elements that States must include in their plan for use of CMHS Block Grant funds are reduced from 12 to 5, thus providing addi-

tional flexibility for the States and reducing administrative costs. Funding for this program is authorized at \$450 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

5. Establish minimum allotment for States in the determination of allocations under the CMHS Block Grant such that no State will receive less funding than it did in fiscal year 1998.

6. Reauthorize the Protection and Advocacy for Mentally Ill Individuals Act of 1986 by making technical changes to the formula for distribution of funds under this program to correct a provision that would have inappropriately reduced minimum State allotments. It also provides for the renaming of the Act to conform with changes made in previous laws, and makes a technical change to the provision on territories. The bill permits an American Indian Consortia to receive direct funding after the appropriation exceeds \$25 million. The legislation extends the responsibilities of the Protection and Advocacy program to individuals living in the communities when the appropriation exceeds \$30 million. Funding for this program is authorized at “such sums” as necessary for fiscal years 2000 through 2002.

7. Require facilities that are both within the purview of the Protection and Advocacy program and which receive appropriated funding from the Federal government to protect and promote the rights of individuals with regard to the appropriate use of seclusion and restraint. Such covered facilities are required to inform the Secretary of each death that occurs while a patient is restrained or in seclusion, or each death that occurs 24 hours after a patient is restrained or in seclusion, or where it is reasonable to assume that a patient’s death is a result of seclusion or restraint. The Secretary is required to issue regulations within one year of enactment on appropriate staff levels and appropriate training for staff in the use of restraints and seclusions.

SUMMARY OF THE SUBSTANCE ABUSE PROVISIONS

The substance abuse provisions of S. 976 would:

1. Consolidate by repealing several specific authorities related to substance abuse treatment services and by creating a broad authority that gives the Secretary and the States more flexibility in responding to individuals in need of substance abuse treatment. The legislation authorizes three types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; and (3) targeted capacity response which enables the agency to respond to services needs in local communities. Repealed in this section are sections 508, 509, 510, 511, 512, 571 and 1971 of the Public Health Service Act. Funding for this program is authorized at \$300 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002. The bill encourages the interface between substance abuse treatment and primary care as a high priority for funding.

2. Consolidate by repealing several specific authorities related to substance abuse prevention services and by creating a broad authority that gives the Secretary and the states more flexibility in

responding to individual needs, especially youth substance abuse prevention services. It would authorize three types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency gathers through its knowledge development; and (3) targeted capacity response which enables the agency to respond to services needs in local communities. Sections 516 and 518 of the Public Health Service Act are repealed. Funding for this program is authorized at \$300 million for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002. The bill encourages the interface between substance abuse prevention and primary care as a high priority for funding.

3. Reauthorize the Substance Abuse Prevention and Treatment (SAPT) block grants as a Performance Partnership Block Grant. Each State and the Federal Government would work in partnership to develop goals and performance objectives to improve substance abuse services for adults and children. While there is considerable flexibility provided for States' use of funds, there are a number of requirements which ensure public health needs are met. This provision would begin the process of giving States greater flexibility in their use of funds and accountability based on performance instead of expenditures. Greater flexibility is enhanced by the repeal of a requirement that States spend 35 percent of their allotment on drug related activities and 35 percent on alcohol related activities. A provision requiring States to maintain a \$100,000 revolving fund to support homes for persons recovering from substance abuse would be made optional, thus permitting States to continue such efforts or to use those funds for other services as they deem necessary. By permitting States the ability to use funds for screening and testing of conditions such as HIV, hepatitis C, and mental illness, they are given the latitude to develop a comprehensive treatment program for individuals coming into the substance abuse treatment system. Funding for this program is authorized at \$2 billion for fiscal year 2000 and "such sums" as necessary for each of the fiscal years 2001 and 2002.

4. Establish minimum growth and small State minimums in determining the allocation of funds under the SAPT Block Grant. The provision includes a Proportional Scale Down Rule if appropriations decline in future years.

5. Permit religious organizations to receive Federal assistance either through the SAPT Block Grant or discretionary grants through the SAMHSA to provide substance abuse services while maintaining their religious character, including retaining autonomy over employment decisions. Such programs may not discriminate against anyone interested in treatment at the facility. If a person who is referred for services needs or would prefer to be served in a different facility, the program will refer that person to an appropriate alternative treatment program.

6. Authorize the Secretary to make grants, contracts or cooperative agreements with public and private non-profit private entities including American Indian tribes and tribal organizations and Native Alaskans for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans. Fund-

ing for this program is authorized at \$15 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

7. Authorize the establishment of a Commission on Indian and Native Alaskan Health Care that shall carry out a comprehensive examination of the health concerns of Indians and Native Alaskans living on reservations or tribal lands. Funding for this program is authorized at \$5 million for fiscal year 2000 and “such sums” as necessary for each of the fiscal years 2001 and 2002.

SUMMARY OF FLEXIBILITY AND ACCOUNTABILITY PROVISIONS

The flexibility and accountability provisions of S. 976 would:

1. Remove the requirement that there be an Associate Administrator for Alcohol Policy, and makes necessary corrections to the peer review requirements.

2. Reduce the number of times that Advisory Councils for SAMHSA’s Centers are mandated to meet from three to two times a year.

3. Require the Secretary to submit a plan to Congress within two years describing the performance based system that would be developed by the CMHS and SAPT Block Grants. This plan would include how the States will receive greater flexibility, what performance measures would be used in holding States accountable, definitions for the data elements that would be collected, the funds needed to implement this system and where those funds would come from, and needed legislative changes. The bill provides the committees of jurisdiction one year to consider the plan and implement any necessary changes in the next reauthorization of SAMHSA in 2002.

4. Create authority for the Secretary to make grants to States to assist them in developing the data infrastructure necessary to implement a performance based system.

5. Repeal certain obsolete provisions of the Narcotic Addict Rehabilitation Act of 1966.

6. Require the Secretary to report to the committees of jurisdiction on how services are currently being provided to those with co-occurring mental health and substance abuse disorders, what improvements are needed to ensure that they receive appropriate services, and a summary of best practices on how to provide those services including prevention of substance abuse among individuals who have a mental illness and treatment for those with co-occurring disorders.

7. Clarify that both SAPT and CMHS Block Grant funds may be used to provide services to those with co-occurring mental health and substance abuse disorders as long as substance abuse funds are used for the substance abuse aspect of treatment and the mental health funds are used for the mental health aspect of treatment.

II. BACKGROUND AND NEED FOR LEGISLATION

Substance abuse and mental health illness remain major issues in the United States. The 1998 National Household Survey on Drug Abuse estimated that more than 78 million persons or 35.6

percent of the household population aged 12 and older in the U.S. reported that they had used illicit drugs at some time during their lives. 72 million persons reported using marijuana, 23 million reported using cocaine, 4.5 million reported using crack cocaine, 21.6 million reported using hallucinogens, and more than 2.4 million reported using heroin at some time during their lives. According to this survey, an estimated 10.6 percent of the household population 12 and older had used illicit drugs in the past year and 6.2 percent had used them in the last month. Nearly 9.9 percent of the population 12–17 used drugs in the past month, which is a decrease from 11.4 percent in 1997, however, this number is still dramatically higher than the 1992 rate of 5.3 percent. An estimated 8.3 percent used marijuana, 0.8 percent used cocaine and 19.1 percent used alcohol in the past month. Nearly 3 percent of 12–17-year-olds drink 5 or more drinks at a time more than once a month.

Almost one in three people suffer from mental illness in a given year while more than one in two people will experience a mental disorder during his or her lifetime. Each year 5.5 million Americans are disabled by severe mental illness. At least 9 to 13 million children—14 to 20 percent of all American children—experience one or more emotional, behavioral, or mental disorders. An estimated 3.5 million children and adolescents have a serious emotional disturbance. Only about one in every three of these children receive any mental health care.

In 1994 the estimated economic cost to society of mental illness was approximately \$204.4 billion. About \$91.7 billion of the total was due to the costs of treatment and other direct costs for medical care. The remaining costs were morbidity and mortality costs, or, the costs associated with loss of productivity due to illness and premature death.

Throughout the last 30 years, Congress has enacted legislation to create and support a variety of Federal programs to support research into the causes and treatment of substance abuse and mental illness and to establish and support programs of prevention and treatment services. These programs, formerly under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), are currently administered by the National Institutes of Health (NIH) in 3 research institutes—the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS), focuses on treatment and prevention services for individuals who are mentally ill or chemically dependent.

The first legislation to establish a Federal program for the support of treatment in this area was the Community Mental Health Centers Construction Act of 1963 (P.L. 88–164) which authorized Federal grants to the States for the construction and expansion of community centers for the treatment of persons with mental illness. Funds were allocated to the States on the basis of population, extent of facility need, and State financial need. Amendments to the legislation in 1965 added Federal support for the initial staffing of community mental health centers. Additional amendments in subsequent years expanded the program further.

The 1968 Alcohol and Narcotic Addict Rehabilitation Amendments broadened the mental health centers program by adding construction and initial staffing assistance for centers and other specialized facilities for the treatment of alcoholism and narcotics addiction. The goal was to provide an incentive for localities to initiate new services for persons with alcohol or other substance abuse problems. In subsequent years, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) and the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) established separate programs to focus Federal activities on research, prevention, treatment, and rehabilitation of persons with substance abuse problems. These include formula grants to States and project grants for alcohol and drug abuse treatment and prevention programs. These two pieces of legislation also created two institutes, the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and the National Institute on Drug Abuse (NIDA), to administer the respective grant programs and related activities in research, training, prevention, and public information. In 1974, the two institutes were combined with NIMH and ADAMHA, which became the lead agency in the Department of Health and Human Services (HHS) focusing on substance abuse and mental health activities.

In 1981, the separate alcohol and drug abuse project and formula grants to the States, along with the community mental health centers grant program, were consolidated, under the Omnibus Budget Reconciliation Act (P.L. 97-35), into the Alcohol, Drug Abuse, and Mental Health Services Block Grant. This block grant authorized, under title XIX of the Public Health Service (PHS) Act, the provision of funds to States for prevention, treatment, and rehabilitation programs and activities to deal with alcohol and drug abuse. This program also provides funds to States for community mental health centers for the provision of mental health services, including services for individuals with serious mental illness, children and adolescents with severe mental disturbances, elderly individuals with mental illness, and other underserved populations.

ADAMHA continued to administer title XIX as well as title V of the PHS Act, which authorized related substance abuse and mental health programs and activities in the areas of prevention and biomedical, clinical, and services-related research, through October 1, 1992. The ADAMHA Reorganization Act of 1992, signed into law on July 10, 1992, as P.L. 103-321, split the block grant into two separate block grants—one for substance abuse prevention and treatment and the other focusing on community mental health services. It also transferred NIAAA, NIDA, and NIMH and their research and related activities to the National Institutes of Health. ADAMHA was renamed the Substance Abuse and Mental Health Services Administration (SAMHSA), to focus on prevention and treatment services.

III. LEGISLATIVE HISTORY AND COMMITTEE ACTION

The Youth Drug and Mental Health Services Act, S. 976, was introduced on May 6, 1999, by Senator Frist. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

On July 28, 1999, the committee held an executive session to consider S. 976. An amendment in the nature of a substitute was offered for consideration by Senator Frist. No further amendments were adopted in executive session, and S. 976 was ordered to be reported favorably to the full Senate by a rollcall vote 17 to 1.

ROLLCALL VOTES DURING EXECUTIVE SESSION

1. Senator Reed offered an amendment to delete Section 305(d), relating to nondiscrimination and institutional safeguards for religious providers regarding employment practices. It failed by a rollcall vote of 8 to 10.

YEAS	NAYS
Kennedy	Jeffords
Dodd	Gregg
Harkin	Frist
Mikulski	DeWine
Bingaman	Enzi
Wellstone	Hutchinson
Murray	Collins
Reed	Brownback
	Hagel
	Sessions

2. The Frist substitute was ordered to be reported favorably to the full Senate by a rollcall vote of 17 to 1.

YEAS	NAYS
Jeffords	Wellstone
Gregg	
Frist	
DeWine	
Enzi	
Hutchinson	
Collins	
Brownback	
Hagel	
Sessions	
Kennedy	
Dodd	
Harkin	
Mikulski	
Bingaman	
Murray	
Reed	

IV. COMMITTEE VIEWS

Section 101. Children and violence

The Committee has been concerned for some time about violence in schools. Despite the recent statistics from the Department of Education on the decrease in violence in schools across the nation, there have been all too many violent crimes committed by school aged children upon their own classmates. The violence at Littleton, Colorado and many other schools has forced us as a nation to reexamine our federal and state efforts to combat violence in our

schools and gain a better understanding of the underlying reasons for this violence.

In response, the Committee is authorizing a new program to address these issues. The Safe Schools Healthy Students grant program developed by the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration in conjunction with the Departments of Education and Justice was created specifically to address concerns of communities and parents about the level of violence in schools. This program provides funding to local school districts to decrease the rate of violence in schools. School districts that receive an award will implement a wide range of early childhood development, early intervention and prevention, suicide prevention, and mental health treatment services that have the greatest likelihood of preventing violence among children.

Each project will have six components: mental health treatment services, early childhood development services, prevention and early intervention, school security, safe school policies, and educational reform.

The Committee commends the Center as well as the Departments of Education and Justice, for the development of this program to address school violence.

The Committee also recognizes the pervasive and devastating effects that psychological trauma has on our communities, especially women and children, who are the most frequent victims of community and domestic violence, as well as the majority of those who are witnesses and survivors of such violence.

Post Traumatic Stress Disorder (PTSD) is a psychiatric diagnosis, with a constellation of anxiety and behavioral symptoms, precipitated by some extreme event in a person's life. Some cases of PTSD are acute and related to single events, such as a natural disaster, the trauma of combat, or the sudden loss of a loved one in a terrible incident (criminal or accidental). Some cases develop over extended periods of time, such as spousal or child abuse.

Millions of people have been directly victimized by violence, or have witnessed violent or other extremely traumatic events. Exposure to traumatic events such as domestic violence, child abuse, criminal assaults, natural and technological disasters, or war-related trauma, can result in severe psychological and physical harm. The Committee notes that the recent shootings and bombings in public institutions emphatically underscore the seriousness of a problem that is widespread throughout our country.

The Committee acknowledges that a number of federal initiatives currently focus on the problem of child exposure of violence. Emergency funding for disasters, crisis counseling for some major tragedies, and service programs funded through the Federal Emergency Management Agency, Health and Human Services (especially through the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration), the Department of Education, and the Department of Justice, have helped direct much needed resources to this problem. Nonetheless, there is a need for better coordination of the identification and intervention process to ensure the overall quality of service delivery.

Both private and public health systems can help by directing support quickly to children who are exposed to violence, and are identified through a number of institutions as being at risk for needed support and treatment.

The provision in the legislation, entitled “Services for persons who experience violence-related stress,” is a new program of grants that would establish one national and several regional centers of excellence that would provide special training and research in the area of psychological trauma and its treatment. The centers could also serve as the hub of a broader referral network for coordinating and referring children and families to skilled clinicians close to their communities. Another feature of this section is to stimulate research into effective methods of case finding and treatment for women, children, and others who are witnesses or survivors of community or domestic violence.

Section 102. Emergency response

The Committee is concerned that SAMHSA does not have the authority to make grants to local jurisdictions and communities in time to address emergency needs. The peer review process adds countless weeks and months to the agency’s ability to respond. The Committee wants to make it clear that it supports peer reviews of grants, but it also believes that the agency should have the opportunity to respond to emergencies. Therefore, the Committee in this section grants the Secretary authority to use up to, but no more than, 3 percent of discretionary grants appropriate to programs authorized in title V of the Public Health Service Act to respond to emergencies and to award those funds using an objective review, by establishing internal objective criteria, instead of peer review. The Committee is confident that this will provide an adequate balance between the need to have funds available for such emergencies and to ensure that the funds are spent responsibly.

The Committee has been reviewing the issue of confidentiality of medical information and the development of federal legislation to protect patients medical records. The Committee is concerned that persons who respond to interviews conducted as part of the National Household Survey on Drug Abuse and facilities that participate in other national surveys know that the information that is collected will be used only for the purposes for which the information is gathered and that the information will be held confidential. SAMHSA is given the same authority as the Administration on Health Care Policy and Research and the National Center for Health Statistics to protect patient information.

Section 103. High risk youth reauthorization

The Committee has reviewed the results of the latest “Monitoring the Future” study from NIDA that shows that the perceived harm of marijuana has gone down from 1996 to 1997. This reflects a continued decline in perceived risk that has occurred since 1990 which mirrors the trend in the increased use of marijuana among youth. As perceived risk decreases, use increases. The Committee believes that we need to find new and creative ways of getting the message out to youth about the harm in using drugs and alcohol that speak to each new generation of children. We need to continue

our commitment to prevention of drug and alcohol abuse among youth so that the message continues. We need to send appropriate messages to children earlier in life so they grow up hearing about the harm of drugs and alcohol. We need a comprehensive approach to such prevention to ensure that this message is getting across. Thus the Committee is reauthorizing the High Risk Youth Program.

Section 104. Substance abuse treatment services for children and adolescents

This section of the legislation creates a dedicated funding source for treating youth with alcohol and drug problems. The Committee is aware that at least 80% of teens with severe alcohol and drug treatment problems do not receive treatment because it is either unavailable or unaffordable. Therefore, the Committee seeks to provide youth greater access to effective substance abuse treatment, to increase their rates of recovery and better prevent relapses.

The Committee intends that the grants, contracts or cooperative agreements awarded under this section be used to provide teens with access to research-based, culturally, developmentally and age-appropriate alcohol and drug treatment services. The Committee also intends that funding be used to address the particular issues of youth involved with the juvenile justice system, those who are at risk for exhibiting aggressive, anti-social, and violent behaviors, and those with mental health or other special needs. Finally, the Committee believes that the provision of these treatment services should include coordination with social service agencies in the youth's community, collaboration with the family during treatment, and development of a comprehensive plan for aftercare services for the entire family.

The Committee shares the concern of many in this country that substance abuse is a serious national problem and that very few of the 648,000 of our nation's youth with severe substance abuse problems receive any treatment. Clearly, more must be done to prevent substance abuse and to intervene earlier in cases in which children have been exposed to the use of alcohol and other drugs. The Committee intends for the grants under this provision to be used to design innovative programs with special emphasis on and preference for projects that involve collaborative efforts between educational, juvenile justice, social service, and other interested agencies.

The Committee is alarmed at the escalation in methamphetamine and inhalant abuse in a number of regions of the country, especially in certain rural areas. Methamphetamine and inhalant abuse are particularly dangerous and troublesome drug problems. These are very inexpensive drugs of abuse, which are easily obtained or easy to manufacture. They are very potent stimulants that can cause psychotic and violent behavior. The abuse of these drugs is being reported in significant numbers of children and adolescents.

Critical to any successful comprehensive effort to combat methamphetamine and inhalant abuse are strong school and community-based prevention activities that stop the problem before it

starts. This legislation authorizes \$10 million to expand and improve school and community-based prevention efforts at the state and local level. Activities funded include education of children, parents, local law enforcement, businesses and others about the dangers of methamphetamine and/or inhalants and how to identify likely users and producers of the drug. The Committee intends for priority in funding to go to areas that are experiencing a high incidence or rapid increases in methamphetamine and/or inhalant abuse.

The Committee recognizes that more understanding is needed about the links between mental illness, drug addiction, and involvement with the juvenile justice system. The Committee also recognizes that this provision providing federal support is an important supplement to other sections of this bill which address local needs for programs for youth who suffer from drug addiction and mental illness before, during, and after their incarceration.

The Committee strongly supports SAMHSA's early collaborative efforts to develop high quality programs to serve this population, particularly those programs with a community-based, prevention, and diversion approach toward identifying and treating those youth who come into contact with the juvenile criminal justice system. To build upon this effort, the Committee authorizes the Secretary to award grants for the establishment of up to four research, training, and technical assistance Centers that would be administered by SAMHSA, in collaboration with Office of Juvenile Justice and Delinquency Prevention, the Bureau of Justice Assistance, and the National Institutes of Health. The Centers will be authorized to engage in research and evaluations, provide direct technical assistance to grantees, and provide information to local governmental officials on appropriate services for juveniles with mental health and substance abuse disorders.

Section 105. Comprehensive community services for children with serious emotional disturbance

This program was implemented first in 1993 to encourage the development of intensive community-based services for children with serious emotional disturbance and their families. To date 61 grants have been awarded to State, political subdivisions of States, territories and Indian tribal organizations to provide seed funds for the building of a comprehensive system of care using the existing service infrastructure in local communities.

The Committee received reports, however, that the first and second sets of grantees in focusing on the development of the system of care failed to pay enough attention to the requirements that they become self sufficient within five years. This bill extends the grant period one year and requires that for that additional year the matching requirement remain the same as it currently is for their fifth year. The Committee continues to support that this program is to provide seed funds and that ultimately the States and local communities are responsible for the continuation of the program.

The Secretary is permitted to waive any of the required services in the program for Territories and American Indian tribes and tribal organizations where those services are deemed either unnecessary or financially impossible for the entities to provide.

Section 106. Services for children of substance abusers

This section is intended to modify the existing grants for Services for Children of Substance Abusers program and to transfer program authority from the Health Resources and Services Administration (HRSA) to SAMHSA.

This section authorizes the Secretary to make grants to public and private non-profit entities for the purpose of providing a broad range of services to families in which the parents are substance abusers. The Committee recognizes that children with substance abusing parents face serious health risks, including congenital birth defects, psychological, emotional, and developmental problems, and the increased likelihood of becoming substance abusers themselves. The Committee is also aware of research documenting that children whose parents abuse drugs and/or alcohol are three times more likely to be abused and four times more likely to be neglected than children whose parents are not substance abusers. Therefore, the Committee intends that the grants under this section be used to help parents overcome their substance abuse and to assess and address the health, mental health, and substance abuse needs of their children. The Committee also intends that this funding be used to train and educate providers who serve vulnerable children and parents by assisting providers in identifying substance abuse and obtaining substance abuse services for affected families. Finally, the Committee expects that the Secretary will conduct a timely evaluation of the value of this program in reducing substance abuse among parents participating in the program and improving the health, mental health and developmental outcomes for their children.

Section 107. Services for youth offenders

Under this section, the Secretary of Health and Human Services may award grants to provide comprehensive, community-based services such as mental health and substance abuse treatment, job training, vocational services, and membership programs to juvenile offenders with a serious emotional disturbance or are at risk of developing a serious emotional disturbance. The Committee has authorized appropriations for this program at \$40 million for fiscal year 2000 and such sums as may be necessary for fiscal years 2001 and 2002. The Committee believes that the inclusion of this proposal will provide desperately needed Federal grant aid to local juvenile justice agencies to prevent re-offending and re-incarceration.

Studies have found that the juvenile offender population has an acute need for mental health and substance abuse treatment. According to a 1994 Department of Justice study, 73% of juvenile offenders reported mental health problems. In addition, over 60% of this population is estimated to have substance abuse problems.

The Committee believes that the current system of medical, mental health, and social services for incarcerated youth is fragmented, disorganized, and lacks collaboration, coordination and continuity of care. Many States are currently struggling to piece together services for youngsters whose treatment was discontinued after they were released from the juvenile justice system. This lapse in treatment often results in youngsters returning to the justice system, sometimes for more egregious crimes. In fact, the Committee

found in a study by the National Center for Juvenile Justice, of the 4 million youngsters arrested each year, 30% are likely to recidivate within the year of arrest. This section will facilitate the rehabilitation and successful transition of youth into their communities by ensuring continuity in treatment and access to other supportive services.

This section also seeks to improve collaboration among the many agencies serving the youth offender population. At the federal level, the administration of the program is assigned to the Secretary, through the Center for Mental Health Services, in consultation with, the Center for Substance Abuse Treatment, the Office of Juvenile Justice and Delinquency Prevention, and the Office of Special Education Programs. Similarly, at the local level, this section requires close coordination between grant recipients and other State and local agencies in order to pool existing resources and programs that offer recreational, social, educational, vocational, and other services for youth.

The Committee would like to underscore the importance of planning for aftercare while youth offenders are detained or incarcerated. Although this section's emphasis is foremost on the aftercare needs of youth offenders, up to 20 percent of funds may be used to provide planning and transition services. The Committee encourages the Secretary to use this funding to expand efforts to identify mental health and substance abuse disorders from the time that the youth enters the juvenile justice system with the hope that early screening and identification will yield more timely diagnosis and treatment.

Evaluations of the handful of existing transitional programs for juvenile offenders suggest that the programs effectively reduce re-offending and re-incarceration. Yale University, in its evaluation of a Rhode Island program called Project Reach, found that children receiving transitional services had significant increases in their school attendance and grades, as well as a 60% reduction in encounters with the police. A similar program in Milwaukee, Wisconsin reported over a 30% decline in the number of misdemeanors and felonies committed by program recipients after receiving services for one year and a decline of nearly 50% in inpatient psychiatric Medicaid hospital days.

These are examples of programs that encourage partnerships between the behavioral health and juvenile corrections systems to develop a single, culturally competent, community-based system of care for youth offenders to prevent offending and re-incarceration that the Secretary should draw upon in awarding grants under this section.

In adopting this provision, the Committee reiterates its commitment to the needs of our nation's youth. More importantly, it makes a prudent Federal investment in services for youth offenders that will yield substantial benefits by preventing recidivism, reducing juvenile delinquency, promoting teen health, and fostering safe communities.

Section 108. General provisions

This section is added by the Committee to ensure that the duties of the Directors of the Centers for Substance Abuse Treatment,

Substance Abuse Prevention and Mental Health Services reflect their responsibility for focusing on the substance abuse and mental health services for youth

Section 201. Priority mental health needs of regional and national significance

The intent of the Committee is to consolidate several separate discretionary grant authorities into one authority for the Secretary to use in making grants for mental health services. This consolidation will provide the Secretary with the flexibility of responding to the needs of the States, local communities and governments, providers and consumers. It will permit the Secretary to examine the effect that changes in the delivery of mental health services are having on those in need of these services.

The Committee also believes that this authority will foster the partnerships that exist among the Federal and State governments, as well as local governments, providers and consumers as together they develop the focus of SAMHSA mental health discretionary grant funding. The Committee expects the Secretary to annually engage these parties in the development of the agency's discretionary grant agenda.

The authority given to the Secretary permits several types of grants. The first are grants to improve our knowledge base on how best to provide mental health services; second, to train individuals to provide better mental health care; third, to provide additional funds to States, local governments and communities and providers to address pressing mental health needs; and, fourth, to support the creation and maintenance of family and consumer networks to provide training and technical assistance to consumers and families. The Committee supports SAMHSA's efforts to examine the effect of managed care on those with mental illness and clarifies in statute that this provision gives the agency clear authority to carry out such activities. At the same time, family physicians and other primary care providers see a large number of people in their practices who have a wide range of psychiatric and psychological problems. Cost containment strategies place ever greater pressure on those providers to take care of the less severe mental health problems of their patients without referring them to specialists. In some cases, this may be appropriate, but too often primary care providers do not recognize the mental health problems that their patients have. If they do recognize the problems, they usually do not provide enough medication or counseling. When they do try to refer patients they often cannot find a willing clinician to take the referral.

It is important that the Federal government not spend limited resources without the benefit of learning from the use of those resources. Thus the Secretary is instructed to ensure that each grant, contract or cooperative agreement awarded under this authority be evaluated so that we can learn from each proposal undertaken.

The Committee emphasizes the importance of improving our knowledge about what works and the development of best practices for mental health services. SAMHSA's role is not merely to provide access but also to provide access to quality care. But discovering new and improved techniques in the provision of services,

SAMHSA makes a tremendous contribution to the mental health service delivery system in America.

Of critical importance is to ensure that the information gained from the knowledge development grants and the research from the National Institute of Mental Health are disseminated to States, local governments and communities, providers and consumers so they can improve their services. The ability to make grants for the training of mental health professionals is one mechanism to disseminate the findings which the Committee strongly supports.

Considering our nation's rapidly changing demographics, the Committee recognizes the need for a diversified mental health workforce. This is particularly important since there is a severe shortage of minority psychologists and other mental health professionals, especially in underserved rural areas. In light of the fact that SAMHSA's Minority Fellowship Program is the only federal program providing funding to increase the number of ethnic and racial minorities in our nation's mental health workforce, it is the intention of the Committee that the Minority Fellowship Program continue.

The Committee recognizes that there are many issues related to how well the primary care system and its providers deal with the needs of persons with psychiatric disorders. People who suffer from schizophrenia and other major psychiatric illnesses often have many serious physical health problems, but too often are not treated with sufficient respect or understanding, so their non-psychiatric health problems are not effectively cared for. In fact, the Committee has learned that many persons with severe psychiatric disorders never even see a primary care physician.

The Committee encourages the Secretary to make funding available for projects that address the interface between the mental health and primary care systems a priority among knowledge, development, and application grants. Such projects may include efforts to identify best practices, encourage the development and implementation of effective consultation, and collaboration models.

The Committee recognizes the need to broaden discretionary funds beyond a research service system to allow for innovative programs and ideas that have not undergone the rigors of service research. Such funds to stimulate those ideas have been characterized by the term "systems change grants." The Committee intends that these systems change grants should foster non-traditional service development, such as peer support programs, the development of family networks, consumer run alternative programs, and other innovative concepts. The Committee also directs the Secretary, in funding these projects, to widely disseminate descriptions of projects that have been evaluated and determined to be effective and successful.

The Committee recognizes the special mental health needs of rural areas. Persons who live in rural areas often have difficulties that may be complicated by problems of rural living, such as the current farm crisis, but also have reduced access to qualified mental health care providers. The Committee encourages the Secretary to consider rural factors when awarding grants for various mental health knowledge development, and application projects.

Section 202. Grants for the benefit of homeless individuals

As an exception to the general direction of this bill of consolidating discretionary grants, the Committee chooses to reauthorize and amend section 506 of the Public Health Service Act which authorizes grants to provide substance abuse and mental health services to homeless individuals.

It is estimated that on any one day over 600,000 people are homeless, one-third of whom have a serious and persistent mental illness and one-half have a co-occurring alcohol or drug abuse problem. This population is particularly vulnerable. They are homeless for a longer period of time, are in poor physical health, and are more likely than other homeless people to be involved with the criminal justice system.

Many mainstream providers of services to the homeless are not equipped to handle the complex social and health conditions that the homeless population presents. This provision offers funds to develop the systems of care that the homeless need as it relates to mental health and substance abuse disorders.

It is the Committee's expectation that the Secretary, when developing the homeless grant program, will utilize the expertise of both SAMHSA and the Health Resources and Services Administration (HRSA). SAMHSA has strengths in the areas of mental health and substance abuse prevention and treatment. HRSA has strengths in the areas of primary health care, service delivery to homeless and other medically underserved populations, and health services integration. The active collaboration of both agencies will help assure that program beneficiaries have access to the full range of health services in an integrated manner. The Committee also encourages the Secretary to consult with the Interagency Council on the Homeless which includes among other agencies the Administration on Children and Families (which administers the Department's Runaway and Homeless Youth Act programs, among other duties), the Health Care Financing Administration, and the National Institutes of Health, each of which has valuable contributions to offer with regard to research about or services to homeless persons.

The Committee encourages the Secretary to assure that awards under the homeless grant program are made to entities that plan to provide, either through direct delivery or by arrangement, the following continuum of services: substance abuse treatment, mental health services and primary health care as well as demonstrated expertise in services for runaway homeless and street youth.

The Committee has included providing preference in grants to entities with demonstrated effectiveness in serving homeless veterans. The Committee instructs the Secretary to make assurances that awards made available under the homeless grant program to such entities are used to supplement, not supplant, funds for services that are the responsibility of the U.S. Department of Veterans' Affairs.

The Committee wants to ensure that we learn from these grants to better serve the population and also that the findings are disseminated to State, local governments, communities and providers to improve our systems of care.

Section 203. Projects for assistance in transition from homelessness (PATH)

The PATH program was authorized as part of the Stewart B. McKinney homeless provisions in 1990. Under the program funds are allocated using a statutory prescribed formula to States to provide community based mental health services for people with serious mental illnesses who are homeless or at imminent risk of becoming homeless.

This program reaches some of the most vulnerable members of society, including those with several disabilities. Among all clients who received PATH funded services and for whom a diagnosis was reported, 44 percent had schizophrenia and other psychotic disorders and another 28 percent had affective disorders including depression and bipolar disorder.

SAMHSA has been issuing yearly reports on the impact of the program despite the fact that no such report is required in statute. The Committee applauds the efforts of the agency and encourages the agency to keep producing these reports so that States, local governments, providers and Congress can access the impact of the program.

The Committee has received reports that the non-profit providers and local governments are having difficulty obtaining information about the process used by States to allocate PATH funds. This information shortfall inhibits public participation in and monitoring of fund allocation. The Committee urges the Secretary to request States to include in their annual PATH grant applications a description of the process used to allocate funds to service providers.

The Secretary is permitted to waive certain requirements for territories where the Secretary believes a waiver is warranted. The Committee recognizes that the Secretary needs some flexibility in working with the territories, because of their unique needs and financial constraints.

Section 204. Community mental health services performance partnership block grant

In the ADAMHA Reorganization Act of 1992 (P.L. 102-321) the Alcohol, Drug and Mental Health Services Block Grant was split into two block grant programs—one focusing on substance abuse (see section 303) and the Community Mental Health Services (CMHS) Block Grant. Under the CMHS Block Grant funds are allocated to States according to a formula prescribed in statute to use in providing community based mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Block Grant program represents roughly 2 to 3 percent of all expenditures on mental health services including mental institutions but between 10 and 15 percent of funds spent on community-based mental health services in the country. The requirements in the statute are minimal largely because the Federal government through Medicaid and State funds support the vast amount of overall mental health services provided in the country.

As discussed previously, the Block Grant program under this bill is being transitioned into a performance partnership under which States will obtain more flexibility in the use of the funds but be

held accountable for their use of those funds based on their performance. The earlier discussion in this report in Title I focused on the development of performance measures. The Committee believes building in flexibility is an important goal in allowing States to determine what works best in providing mental health services to their citizens.

This bill reduces the number of mandated criteria for the State plans that are required on a yearly basis from 12 to 5 with the expectation that States will be able to produce a more comprehensive and coherent plan and reduce administrative burdens. This change is accomplished without any compromise to the breadth and scope of the States' efforts under the program.

The provision creates flexibility for the States' in the Maintenance of Effort requirements in current statute. The current law punishes a State if it wanted to take available funds in any fiscal year and put them into mental health services for a one time non-recurring project by including those funds in the calculation of future year maintenance of effort requirements. This bill exempts any such funding increase from the calculation of future maintenance of effort requirements.

The statute requires each State to submit an application on a yearly basis for funding. The application consists of both a plan on what the States intend to use the funds for and a report on what it did with the funds in the previous year. This provision recognizes the States often submit reports on expenditures until their fiscal year books are closed and therefore requires the State plans to be submitted by September 1 of the year prior to the year for which they are seeking funds and the report by December 1 of the fiscal year of the grant.

The bill also changes current statute which requires the State to obligate the funds in the year in which they are received and to spend the trusts by the end of the following Federal fiscal year. This bill will give the States two years to obligate and spend their funds.

The Committee is disappointed that only 22 state mental health authorities are currently able to accurately provide an unduplicated count of persons served in the public mental health system. Without the ability to provide an unduplicated count of persons served by age, diagnosis, and services utilized, States are at a distinct disadvantage in knowing whether their Federal block grant funds are being appropriately used for the highest priority consumers.

The Committee encourages the States to target their funds to evidence-based programs, affirmed through research supported by the National Institutes of Health and through SAMHSA's knowledge development and application grants program, psychiatric rehabilitation services for adults with severe and persistent mental illness, and comprehensive wrap-around services for children with serious emotional disorders.

It is the Committee's intent and hope that the new Performance Partnership will make State systems more publicly accountable for the expenditure of Federal block grant funds while moving toward the capacity to provide outcomes based data regarding the type and

quality of the services provided as well as the pertinent demographic and clinical data about the persons who are served.

Section 205. Determination of allotment

This provision makes permanent a compromise reached on the fiscal year 1999 appropriation with regard to the distribution of funds under the Community Mental Health Services Block Grant.

In August of 1997 the Secretary of Health and Human Services made a decision to replace the use of manufacturing wages in the cost of service index for the formula for distribution with non-manufacturing wages. Congress believed that the change was appropriate but was concerned about the result this change would cause in State allotments. Some States would have lost funds which support much needed services. Therefore, in the fiscal year 1999 appropriation bill for the Department of Health and Human Services, Congress permitted the Secretary to make the change but instructed the Secretary to ensure that State allotments under the Community Mental Health Services Block Grant for fiscal year 1999 were held harmless at the amount they received in fiscal year 1998.

That provision only addressed fiscal year 1999 funding. Without a permanent fix to the formula, many States could lose funding in future fiscal years. This section makes the hold harmless provision agreed to in the fiscal year 1999 appropriation bill permanent.

Section 206. Protection and Advocacy for Mentally Ill Individuals Act of 1986

The Protection and Advocacy (P&A) for individuals with Mental Illness Act authorizes formula grants to Protection and Advocacy systems that have been designated by each of the 50 States, the District of Columbia and the United States Territories. The funds are to be used for the protection of and advocacy for the rights of individuals with serious mental illness who are residing in facilities where mental health services are provided. This program has, since its inception in 1986, improved services for such individuals through its proactive work on behalf of individuals with serious mental illness, its monitoring of covered families and investigations into violations of their rights.

This section expands the list of direct recipients of funds to include a single consortium of American Indians living at the corners of New Mexico and Arizona. This consortium also receives funding under the other three Protection and Advocacy systems supported by the Federal government through the Departments of Education and Health and Human Services. Funding for the consortium will be available only when the total appropriation for the program reaches \$25,000,000. Its funding in fiscal year 1999 was \$22,957,000. The allotment for the consortium will be the same as the minimum allotment for States.

When the appropriation for the program reaches \$30,000,000, this section also expands the authority of the systems to include protecting and advocating on behalf of the rights of individuals with a serious mental illness or emotional impairment who are living in communities and who may be subject to abuse or neglect or discrimination in housing, health care, employment or benefits.

The P&A systems would still give priority to those individuals residing in facilities that provide mental health services but would also be able to work on behalf of persons living at home. Over the past twenty years tremendous advances in treatment services for mental illness have allowed persons with mental illness to receive needed treatment in the community. Unfortunately, there has not been a mechanism to ensure that they are receiving the care and advocacy services they need. This amendment to the current statute would allow the current P&A systems to work on their behalf as well. The Committee hastens to add, however, that the top priority of the P&A systems remains the protection of and the advocacy for the rights of individuals with serious mental illness residing in facilities that provide mental health services.

In addition, the Committee intends that P&A systems, under the Protection and Advocacy for Individuals with Mental Illness Act, when the appropriation for the program reaches \$30,000,000, shall have no less authority to access records to investigate abuse and neglect than is provided to the systems under the Developmental Disabilities Assistance and Bill of Rights Act. Similarly, P&A systems shall have no less authority to gain access to community settings, such as group homes, to conduct investigations and monitoring activities, when the systems are acting under their expanded authority to provide advocacy services to persons with a serious mental illness or emotional impairment who are living in the community. Further, the Committee intends that the membership of P&A systems' governing boards be subject to term limits set by the systems to ensure rotating memberships.

Section 207. Requirement relating to the rights of residents of certain facilities

The Committee is greatly concerned about the inappropriate use of restraints and seclusion with facilities who receive funds under this Act. In October 1998, the *Hartford Courant* printed a five-part series investigating the use of physical restraints on individuals with mental health and mental retardation disabilities. The *Courant's* investigation found instances of 142 deaths, in the past decade, during or shortly after restraints were applied. The Harvard Center for Risk Analysis estimates that between 50 and 150 restraint or seclusion related deaths may occur each year. Additionally, more than 26 percent of the deaths related to restraint or seclusion reported in the series were children—nearly twice the proportion they constitute in mental health facilities. The Committee finds that Federal oversight of restraint use is essential.

The Committee believes strongly that restraints and seclusion should never be used as a disciplinary measure or for the convenience of health care providers. The Committee specifies that restraints and seclusion may only be used to protect the patient, staff, or others from immediate harm, to conduct routine physical examinations, and only upon the order of a physician or licensed independent health care practitioner. Such intervention would require routine physical examinations, and should only be done in response to an order by a physician or licensed independent health care practitioner. The Committee's intent is not to prohibit the use of devices such as protective helmets, orthopedically prescribed de-

vices, surgical dressings or bandages, or devices designed to protect the patient from falling out of bed or to permit a patient to participate in activities without risk of physical harm. The Committee's intent is to prohibit the inappropriate use of restraints and seclusions.

The Committee is concerned that facilities funded under this Act that serve individuals with psychiatric disorders are not presently required to identify all deaths associated with the use of restraints or seclusion. Due to this concern, this act requires that all deaths that occur while a patient is restrained or in seclusion, all deaths that occur within 24 hours after a patient has been removed from restraints or seclusion and all deaths that can reasonably be assumed to have been caused by restraint or seclusion are reported to the appropriate oversight agency, as determined by the Secretary of Health and Human Services.

The Committee believes that health care providers should be adequately trained in the proper use of restraints and alternatives to their use. Additionally, the Committee believes that facilities covered under this Act should maintain adequate staff levels to optimally ensure the safety of patients. For this reason, the Committee requires the Secretary of Health and Human Services to promulgate regulations requiring facilities under this act to maintain adequate staff levels and to provide sufficient training in the proper use of restraints and alternatives to their use.

The Committee intends that facilities found in violation of this Act shall be subject to the loss of Federal funds. It is expected that the Secretary of Health and Human Services will promulgate regulations regarding failure to comply with the provisions of this act.

Section 301. Priority substance abuse treatment needs of regional and national significance

In order to grant the Secretary flexibility in the use of discretionary grant funds, the Committee consolidates several current provisions focusing on substance abuse treatment in the criminal justice system, outpatient services for pregnant addicts, residential treatment for pregnant addicts, treatment expansion grants, the District of Columbia initiative and others into a single broad authority to make grants, contracts or cooperative agreements to develop knowledge on best practices in substance abuse treatment, provide funding for local communities to address emerging needs in the community, and to train professionals in what we have learned from previous grants and the research at the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism.

The needs of the field of substance abuse treatment have changed considerably since the creation of SAMHSA and this authority will give the Secretary the ability to respond to those needs. One area of critical importance is to monitor and report on what is happening to individuals in need of treatment in the shift to managed care. The Committee is concerned that individuals receive good quality substance abuse treatment services.

It is important that the Federal government not spend limited resources without the benefit of learning from the use of those resources. Thus the Secretary is instructed to ensure that each grant,

contract or cooperative agreement awarded under this authority be evaluated so that we can learn from the proposals undertaken.

The Committee acknowledges and supports the efforts by SAMHSA through the Center of Substance Abuse Treatment to identify best practices and expects that it will continue to use its authority to improve our knowledge base on how best to treat individuals. Further, the agency shall disseminate that information and the information gained from the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism to States, local governments, communities, providers and consumers so that these findings can be used to improve their treatment systems. Increased knowledge without dissemination of information offers the community little.

The Committee also supports recent efforts by SAMHSA to provide targeted capacity response funds to local communities to address their treatment needs that cannot be otherwise filled by Federal block grant or State funding. The Committee notes how fast the drug culture can change. Methamphetamine has become a major issue in many of our towns and cities and the increasing use of drugs among youth at a time when there is a shortage of treatment focused on youth are examples of where the targeted capacity grants are important.

In developing an agenda for substance abuse discretionary grants the Committee fully expects that SAMHSA will continue to meet with State, local government, and community representatives as well as providers and consumers on an annual basis to access the needs of the field.

The Committee encourages the Secretary to give priority to programs that address the interface between substance abuse treatment and primary care systems. Such projects should include efforts to identify best practices and to encourage the development and implementation of effective consultation and collaboration models.

Section 302. Priority substance abuse prevention needs of regional and national significance

The Committee is consolidating several discretionary grant authorities into one authority for the Secretary to use in making grants for substance abuse prevention. This consolidation will provide the Secretary with the flexibility of responding to the needs of the States, local communities and governments, providers and consumers. More importantly it will provide the Secretary the flexibility to respond to the changing needs of each generation of individuals who come face to face with drugs as they grow up in American society.

The Committee realizes that each generation of adolescents presents new challenges to those trying desperately to prevent drug abuse. Where one model of prevention might work with one generation, it fails in preventing drug use in another. Surveys such as *Monitoring the Future*, tell us that the perception of youth/adolescents that drugs are harmful has gone down and history has shown us that this is the precursor of increased drug use. The Secretary needs the flexibility to respond to these changes.

The Committee encourages the Secretary to support community activities geared toward reducing drug use where community resources from religious organizations, schools, law enforcement, the business community, recreational organizations, and families work together to develop and implement a community wide strategy to prevent drugs. We also support recent efforts by SAMHSA to focus on strengthening families and to implement early childhood programs to reduce long term health, social, economic costs of addiction, violence, mental illness and crime.

The Committee encourages SAMHSA to foster partnerships with State governments, as well as local governments, providers and consumers and therefore wants the agency to meet with these groups on an annual basis to determine the direction of discretionary grant funding.

It is important that the Federal government not spend limited resources without the benefit of learning from the use of those resources. Thus the Secretary is instructed to ensure that each grant, contract or cooperative agreement awarded under this authority be evaluated so that we can learn from the proposals undertaken.

The Committee emphasizes the importance of improving our knowledge about what works and the development of best practices. SAMHSA's role is not merely to provide prevention services but to ensure the use of best practices in prevention. By discovering new and improved techniques in the provision of services SAMHSA makes a tremendous contribution to the substance abuse prevention system in America.

The Committee also supports the ability of SAMHSA to address service needs in communities as well. Federal block grant and State funds are not always enough to address community needs and therefore competitive or discretionary funds through SAMHSA assist States in providing additional services.

It is critically important to ensure that the information gained from the knowledge development grants and the research from the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism are disseminated to States, local governments and communities, providers and consumers so they can improve their services. The ability to make grants for the training of health professionals is one mechanism to disseminate the findings. SAMHSA should also make sure that the findings are published, that the publications are thoroughly distributed and that steps are being taken to implement the findings in the service delivery system.

The Committee encourages the Secretary to give priority to projects that address the interface between substance abuse prevention and primary care systems. Such projects should include efforts to identify best practices and to encourage the development and implementation of effective consultation and collaboration models.

Section 303. Substance abuse prevention and treatment performance partnership block grant

This section reauthorizes and amends certain provisions in the Substance Abuse Prevention and Treatment Block Grant (SAPT) which was funded at approximately \$1.6 billion in fiscal year 1999.

This program accounts for 40 percent nationally of all funds used for the prevention and treatment of substance abuse. It remains the focal point of Federal assistance for such services.

Fashioned by President Reagan and passed by Congress in 1981, the block grant represented a new approach to Federal involvement. This approach acknowledged that the States better understood what services to provide and how to provide them in the States. The block grants were meant to provide States with flexibility. Unfortunately, some of that flexibility has been lost over the years as Congress began dictating how funds should be spent and thus tying States' hands. In addition, Congress has become increasingly concerned about accountability by States for the use of Federal funds.

As a result, this section along with other sections in the bill, begin to move this block grant into a performance partnership which will increase State flexibility while holding States accountable for their performance.

When the performance partnerships are enacted in three years, the States will have full flexibility in their use of funds. In the meantime, flexibility for the States is enhanced by repealing a requirement that States spend 35 percent of their funds on alcohol related activities and 35 percent on drug related activities and by making the current requirement that States maintain a \$100,000 revolving fund to support recovery homes optional. In addition, the section authorizes the Secretary to waive certain requirements where States show that they have met criteria established by the Secretary in conjunction with the States and others including providers and consumers and published in the *Federal Register*. These requirements that could be waived include the following: the set aside for pregnant addicts and women with children; mandatory services for intravenous drug users; tuberculosis services; early intervention services for HIV; improvement of referral services; continuing education requirements; and coordination requirements. Especially with regard to services for pregnant addicts and women with children, services for tuberculosis and early intervention services for HIV and mandatory services for intravenous drug users, the Committee continues to believe that these requirements which were added to the block grant over time represent concerns by Congress for public health issues that must be addressed. We have come to believe, however, that the better way to address them is by allowing States to respond to their greatest public health needs.

These waivers are merely a stepping stone to the final enactment of a performance based system. To ensure that these populations are addressed in the performance based system, the Committee has instructed the Secretary in developing the performance measures that measures must be developed with regard to each of these populations.

The section creates flexibility for the States in the Maintenance of Effort requirements in current statute. The current law punishes a State if it wanted to take some available funds in the fiscal year and put them into substance abuse services for a one time non-recurring project by effecting the calculation of future maintenance of effort requirements. This bill exempts any such funding increase from the calculation of future maintenance of effort requirements.

Section 303 also would require States to submit their applications for this program by October 1 of the fiscal year for which they are requesting funds. Under current law, the Secretary has the authority to set an appropriate due date for applications.

The section changes what constitutes data collection under the Secretary's 5 percent set aside by including support for data infrastructure development and it also requires that States that receive funding from the set aside for needs assessments after enactment of this bill, must report back to the Secretary on a core set of data.

The legislation governing the Substance Abuse Prevention and Treatment Block Grant (Sections 1921 through 1954 of the Public Health Service Act) prohibits States that do not meet the definition of "designated" State, as defined in section 1924 of the Public Health Service Act, from using block grant funds for activities related to HIV. The statutory language has also called into question whether States can use the funds for testing for HIV, or hepatitis C. However, these conditions are prevalent among persons with substance abuse disorders and must be included as a component of a comprehensive treatment plan for those individuals who test positive for such comorbid conditions.

This provision gives States the option to use block grant funds to carry out screening and testing of any condition necessary for the development of comprehensive treatment plans for individuals with substance abuse disorders. A substantial portion of persons who seek and receive services from substance abuse treatment programs have comorbid mental health problems of varying degrees of severity. Allowing States to use some of their funds for the assessment of such problems is consistent with the notion of addressing the needs of persons with co-occurring disorders and is consistent with the committee's intent to allow the State more flexibility in the use of block grant funds. So that States do not jeopardize ongoing treatment, Block Grant funds must be the funding of last resort and they are limited to using no more than 2 percent of their allotment on such assessments. The language is permissive, and does not require States to use funds under this program for screening and testing.

Section 304. Determination of allotment

This provision makes permanent a compromise reached on the fiscal year 1999 appropriation with regard to the distribution of funds under the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

In August of 1997, the Secretary of Health and Human Services made a decision to replace the use of manufacturing wages in the cost of service index for the formula for distribution with non-manufacturing wages. Congress believed that the change was appropriate but was concerned about the result this change would cause in State allotments. Some States would have lost funds which support much needed services. Therefore, in the fiscal year 1999 appropriation bill for the Department of Health and Human Services, Congress permitted the Secretary to make the change while ensuring that each State would receive no less than 30.65 percent of the percentage increase of the overall block grant amount. It also ensures that small States will receive a minimum allotment of 0.375

percent of the amount appropriated for the program except that no small State's allotment would increase in 1999 more than 300 percent of the percentage increase in the overall funding for the block grant.

The agreement reached on the fiscal year 1999 appropriation only applied to fiscal year 1999. Without a permanent fix to the formula, many States could lose funding in future fiscal years. This provision makes that agreement permanent.

Section 305. Nondiscrimination and institutional safeguards for religious providers

The Committee is aware of the success of faith-based substance abuse programs across the nation in helping individuals overcome drug and alcohol addictions. For example, Teen Challenge has shown that 86% of its graduates remain drug-free. The Bowery Mission in New York City has had the most effective free-standing substance abuse shelter in the city-wide system, serving its clients to approximately 42% of the cost of some other city-sponsored men's substance abuse shelters. Mel Trotter Ministries in Grand Rapids, Michigan has a 70% long-term success rate in its faith-based rehabilitation program. San Antonio's Victory Fellowship has served more than 13,000 people and has a success rate of over 80%.

Much of the success of these faith-based programs has been attributed to the fact that they address the deeper needs of people and use a holistic approach, dealing with the moral and spiritual causes of addiction rather than treating only the symptoms.

Because of the effectiveness of these organizations, the Committee believe that greater participation of faith-based programs in treating substance abuse problems is critical, and that individuals, if they desire, should have greater access to these programs. Therefore, the Committee included in Section 305 the "Charitable Choice" provision, modeled closely after a provision in the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," to encourage the greater involvement of religious organizations in providing substance abuse treatment and prevention services with government funding. The provision reflects the Committee's belief that government should exercise neutrality when inviting the participation of non-governmental organizations to be service providers by considering all organizations—even religious ones—on an equal basis, and by focusing on whether the organization can provide the requested service, rather than on the religious or non-religious character of the organization.

Faith-based organizations have often been unwilling to accept governmental funds to provide social services for fear of having to compromise the religious character which motivates them to reach out to people in the first place. At the same time, some government officials have been unclear as to what is constitutionally permissible when religious organizations receive government funding to provide social services.

The Charitable Choice provision clarifies the constitutional framework for enabling cooperation between the government and religious organizations, spelling out protections for both participating organizations and beneficiaries. It is the Committee's hope that these statutory protections will encourage successful faith-

based organizations to expand their substance abuse treatment services while assuring them that they will not have to compromise their religious character upon receiving government funds.

Under Charitable Choice, if a State chooses to use nongovernmental organizations to provide services, it may not discriminate on account of a provider's religious character. Moreover, a participating organization retains its independence from Federal, State, and local governments, including the organization's control over the definition, development, practice, and expression of its religious beliefs. Additionally, a participating religious organization cannot be required to alter its form of internal governance, or to remove art, icons, scripture, or other symbols from its premises because it is religious.

One of the most important protections in Charitable Choice concerns the ability of religious organizations to maintain their autonomy over employment decisions. Many organizations, including groups such as the Salvation Army, have indicated that without such a protection, they would be unwilling to receive government funds to provide social services.

The provision makes clear that a religious organization's receipt of government funds to provide substance abuse treatment services does not act as a waiver of the organization's current exemption from Title VII of the Civil Rights Act regarding employment discrimination. Title VII exempts religious organizations from the law's prohibition on employment discrimination based on religion (but does not exempt religious organizations from the duty not to discriminate based upon race, color, national origin, or sex), and allows religious organizations to make employment decisions based upon religious reasons. The Committee believes this protection is necessary to encourage effective religious organizations to apply for government funds to help individuals overcome substance abuse problems.

Religious organizations are expected to use government funds for the secular purpose of the legislation, i.e., to provide effective treatment for substance abuse problems. Religious organizations are not allowed to use government contract or grant funds for religious worship, instruction, or proselytization. It is the understanding of the Committee that SAMHSA currently has sufficient enforcement ability to enforce this provision. However, nothing prohibits religious organizations from using monies received from other sources, such as private donations, for inherently religious activities, as long as beneficiary participation is voluntary.

The Charitable Choice provision also protects the free-exercise rights of beneficiaries, ensuring that they may not be discriminated against on the basis of religion, a religious belief, or a refusal to actively participate in a religious practice. Also, beneficiaries have the right to object to receiving services from a religious service provider and to demand that the State provide them with accessible services from an alternative provider.

Section 306. Alcohol and drug prevention and treatment services for Indians and Native Alaskans

This section is designed to address the high incidence and unique nature of substance abuse among Indians and Alaska Natives. Sub-

stance abuse in these populations results from distinctive social, cultural, economic and biological causes, and specialized and innovative approaches to prevention and treatment are necessary. A targeted grant program is consistent with the emerging national policy of self-determination, because it will help fund and promote programs designed by and for Indians and Alaska Natives in their own communities.

The priorities were developed to ensure that entities receiving grants under the new Section 544 of the Public Health Service Act have a strong relationship with those being served and a clear understanding of political and cultural issues of the area. The Committee urges the Secretary to give consideration to the long-term viability of funded projects and the relative severity of the problems being addressed. The Secretary should give priority to the areas with highest need and should work with grantees to develop plans for long-term financial viability, including identifying alternate sources of federal funding, working with grantees to develop private partnerships, and locating state funding opportunities. The Committee encourages the Secretary to provide technical assistance if necessary to improve the grant-writing, evaluation and data collection ability of promising and successful applicants.

The Commission on Indian and Native Alaskan Health Care is being established to take a comprehensive look at the state of health of Indians and Native Alaskans living on reservations, particularly related to mental health and substance abuse. The Committee expects the Commission to study current practice methods, evaluate their effectiveness, and identify ways outcomes can be improved as they relate to Indians and Native Alaskans. The Commission, if practical, should participate in the development of the performance measures being developed under the Substance Abuse Prevention and Treatment Block Grant as required under section 403 of this Act, however, the Committee does not expect that the development of the plan shall in any way be delayed because the Commission is unable to participate.

Of particular concern to the Committee is the prevalence of substance abuse among this population, therefore we have required the Commission to focus first on this issue. The report on alcohol and drug abuse should include similar measurements and indicators as the report outlined in section 545(i)(1).

Section 401. General authorities and peer review

This section makes the position of Associate Administrator for Alcohol Prevention and Treatment Policy at SAMHSA optional. The Committee believes that the agency is committed to addressing alcohol abuse and alcoholism and is committed to having someone fulfilling the responsibilities for this position. Current limitations on personnel and funding for salaries have required the agency to combine positions and responsibilities in order to meet its mission and yet stay within the limits of personnel and salaries stipulated by Congress.

The section also rewrites the current peer review requirements to accomplish the following: it removes mention of regulation since the requirement for regulations was removed in 1993, and it raises the level for when peer review and Advisory Council review of

grants are required from \$50,000 to the single acquisition threshold level which is currently \$100,000.

Section 402. Advisory councils

SAMHSA, each of its three Centers and the Office of Women's Services are required to have an advisory council. Under current law each of these councils are required to meet three times a year. Experience over the past five years has indicated that these councils do not necessarily have to meet three times a year in order to carry out their responsibilities and therefore the Committee is reducing the requirement to twice a year. This in no way limits the Administrator from calling meetings more often during any one year.

Section 403. General provisions for the performance partnership block grants

This section contains two provisions, the first of which requires the Secretary to submit to Congress within two years of passage of the bill a report detailing the specifics of how the performance partnerships would work. The Committee reiterates once again its concern for the vulnerable populations addressed in current law and instructs the Secretary to make sure that the list of performance measures to be used include measures related to pregnant addicts, women with children who are addicts, intravenous drug users because of the relationship to HIV, tuberculosis because of increasing drug resistance, those with or at risk of HIV, and those with a co-occurring mental health and substance abuse disorder. With regard to mental health, the performance measures must include measures related to children and those with co-occurring disorders.

The second provision would give the States more flexibility in the use of funds by permitting them to take two years to obligate funds. Currently the States must obligate the funds in the year in which they receive them.

Section 404. Data infrastructure projects

This section creates a discretionary grant authority for the Secretary to give grants to States for the purposes of improving their data infrastructure so that each State would be prepared to implement a performance based system. Under the provision 50 percent of the funds appropriated must be used for mental health and 50 percent for substance abuse.

The Committee believes that the effort to change the block grants into performance based systems is to the advantage of both the States and the federal government and that both levels of government should provide funding to ensure that the program is implemented. This provision only addresses the Federal contribution. The Committee looks forward to the next reauthorization of SAMHSA to review the level of State support for this effort.

Section 405. Repeal of obsolete addict referral provisions

This section merely repeals provisions of the Narcotic Addict Rehabilitation Act of 1966. This Act was passed at a time when the Federal government ran several treatment programs for substance abuse which no longer exist.

Section 406. Individuals with co-occurring disorders

While there are many different health problems that co-occur with alcoholism and drug dependence such as HIV disease, heart disease, liver disease, and diabetes, the co-occurring diseases of alcoholism and drug dependence and mental illness have come to the special attention of the Committee. It has become increasingly clear to the Committee that many persons with serious mental health conditions also struggle with substance abuse. The illness which developed first is less important than the fact that the person is suffering from two significant problems. Many treatment providers are concerned that there are insufficient resources available to serve this populations of clients, and that there may be other obstacles to providing appropriate care. The Committee is impressed with the evidence-based research supported by the National Institutes of Mental Health, Alcoholism and Alcohol Abuse, and Drug Abuse (NIMH, NIAAA, and NIDA) that persons with co-occurring substance abuse and mental health disorders can be successfully treated, frequently to a status of recovery. Without effective treatment, individuals with co-occurring disorders may become homeless or involved in the criminal justice system, often with their medical conditions going untreated. Untreated individuals may become the victims or perpetrators of violence and may suffer from other health and social problems. Investing in the treatment of these individuals is paramount, both to improve their quality of life and to reduce the costs associated with the collateral consequences of increased illness, incarceration, and lost wages from unemployment. Each of these conditions by itself is difficult enough to treat. But in combination, they pose major challenges to the mental health and substance abuse treatment communities. Some providers of services to this population have expressed their concern that funding channels present an unnecessary burden to them in the provision of services by requiring them to maintain separate accounts for each individual to record the substance abuse and mental health services provided. While the Committee is not convinced that these separate recording tracks are required by any Federal statute, it is concerned that there are some barriers to the provision of services to this population that must be addressed.

Each of these conditions by itself is difficult enough to treat, therefore, this provision requires the Secretary, within 2 years of the passage of the reauthorization, to report to the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Commerce on how services are being provided to those with co-occurring mental health and substance abuse disorders. The report would identify which funds are used for such services, how they are used, and what obstacles to the receipt of such care exist, taking into account that there is a range of treatment options available for serving these clients, and different treatment options may encounter different obstacles. The report would also identify best practices in serving such individuals and make recommendations with regard to how to facilitate and promote the expansion of the services which are most effective.

The Committee encourages the Secretary in doing the research and making recommendations with regard to services for those with a co-occurring disorder that the Secretary look at obstacles

that might exist with regard to all sources of funding and not just federal funds under the Substance Abuse Prevention and Treatment and the Community Mental Health Services Block Grants. The Committee also encourages the Secretary to examine obstacles that do not result from sources of funding, such as program certification requirements, and auditing and reporting requirements. In addition, we encourage the Secretary to consult with the States, community-based providers, and consumer representatives in the development to the report.

The Committee commends SAMHSA for its position statement of June 11, 1999, which recognizes that SAMHSA rules and procedures should not be undue barriers to the provision of services, especially integrated treatment, for persons with co-occurring disorders. The Committee is encouraged that SAMHSA is committed to providing technical assistance for States to more effectively use block grant funds for serving such individuals. We continue to believe that SAMHSA funded services should be based on evidence-based practice, and applaud the dedication of the treatment community to adopting these practices, wherever possible. The Committee also thanks the State mental health and substance abuse directors, community-based alcohol and drug and mental health organizations, and consumer advocates for educating the Committee about the importance of providing appropriate services to individuals with co-occurring disorders and for sharing information about both the barriers and successes associated with providing these services.

Section 407. Services for individuals with co-occurring disorder

This provision reiterates current law that a State may use funds from the Substance Abuse Prevention and Treatment and the Community Mental Health Services Block Grants to provide services for those who have a serious mental illness as defined in accordance with section 1912(c) of the Public Health Service Act on the condition that funds available under these programs are used in accordance with the statutory and regulatory guidance which govern their use.

The Secretary shall ensure that the reporting and auditing requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Community Mental Health Services (CMHS) Block Grant do not present an undue barrier to providing comprehensive treatment services to people with co-occurring mental health and substance abuse disorders. Co-occurring disorders should be conceptualized in terms of symptom multiplicity and severity rather than specific diagnosis, thereby encompassing the full range of people who have co-occurring mental health and substance abuse disorders. Appropriate levels of coordination—including consultation, collaboration, and/or integration—are needed to improve consumer outcomes.

There is no single set of treatment interventions that constitute integrated treatment for people with severe or other levels of co-occurring substance abuse and mental health disorders. Integrated treatment includes an array of appropriate substance abuse and mental health interventions identified in a single treatment plan

based on an individual's needs and appropriate clinical standards and provided or coordinated by a single treatment team.

The National Association of State Mental Health Program Directors and the National Association of State Alcohol and Drug Abuse Directors, with the support of SAMHSA, have developed a conceptual framework for the delivery of coordinated care, including but not limited to integrated treatment, to people with co-occurring disorders. SAMHSA should continue to be guided by and support this framework in joint federal and State efforts to facilitate the delivery of the most effective services to this population.

V. COST ESTIMATE

Because of time constraints the Congressional Budget Office cost estimate will appear in the Congressional Record.

VI. REGULATORY IMPACT STATEMENT

The committee has determined that there will be no increase in the regulatory burden of paperwork as a result of this bill.

VII. SECTION-BY-SECTION ANALYSIS

TITLE I—CHILDREN AND ADOLESCENTS

Section 101 authorizes the Secretary to make grants to public entities in consultation with the Attorney General and the Secretary of Education to assist local communities in developing ways to assist children in dealing with violence. The section also authorizes the Secretary to develop knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing domestic, school and community violence and terrorism.

Section 103 authorizes the Secretary to use up to 3% of the funds appropriated for discretionary grants for responding to emergencies. The authority would permit an objective review instead of peer review. This would permit an expedited process for making awards. The Secretary is required to define an emergency in the *Federal Register* subject to public comment. The section also includes language that provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

Section 102 reauthorizes the High Risk Youth Program which provides funds to public and non-profit private entities to establish programs for the prevention of drug abuse among high risk youth.

Section 104 authorizes four new programs. The first authorizes the Secretary to make grants, contracts or cooperative agreements to public and non-profit private entities for the purpose of providing substance abuse treatment services for children and adolescents. The second authorizes the Secretary to make grants, contracts or cooperative agreements to public and non-profit private entities including local educational agencies for the purposes of providing early intervention substance abuse services for children and adolescents. The third authorizes centers to assist States and local jurisdictions in providing appropriate care for adolescents who are

involved with the juvenile justice system and have a serious emotional disturbance. The last program authorizes the Secretary to make grants, contracts, or cooperative agreements to carry out school based as well as community based programs to prevent the use of methamphetamine and inhalants.

Section 105 reauthorizes the Comprehensive Community Services for Children with Serious Emotional Disturbance program which provides seed money to local communities to develop systems of care for children with serious emotional disturbances thus improving the quality of care and increasing the likelihood that these children would remain in local communities rather than being sent to residential facilities. This section provides authority for the Secretary to waive certain requirements for territories and American Indian tribes. This section also would extend grants under this program from 5 to 6 years. The intent of the program is to provide seed funding for comprehensive systems of care.

Section 106 transfers the Children of Substance Abusers Act from Health Resources and Services Administration (HRSA) to SAMHSA. The section is updated to include changes that have occurred since its original enactment in connection to the Temporary Assistance for Needy Families (TANF) and the Children's Health Insurance Program (CHIP) programs.

Section 107 authorizes for the Secretary to make grants, contracts or cooperative agreements to State and local juvenile justice agencies to help such agencies provide aftercare services for youth offenders who have or are at risk of a serious emotional disturbance and who have been discharged from juvenile justice facilities.

Section 108 amends the sections that establish the responsibilities of the Centers for Substance Abuse Treatment, Substance Abuse Prevention and the Mental Health Services to include an emphasis on children. In the case of the Center for Mental Health Services, the Director is required to collaborate with the Attorney General and the Secretary of Education on programs that assist local communities in developing programs to address violence among children in schools.

TITLE II—MENTAL HEALTH

Section 201 of the bill repeals sections 303, 520A and 520B of the Public Health Service Act and section 612 of the Stewart B. McKinney Act, in favor of a broad authority that gives the Secretary more flexibility to respond to individuals in need of mental health services. It would authorize four types of grants: (1) Knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; (3) targeted capacity response which enables the agency to respond to service needs in local communities; and (4) systems change grants and grants to support family and consumer networks in States. This section includes a provision that would permit \$6,000,000 of the first \$100,000,000 appropriated to the program and 10 percent of all funds above \$100,000,000 to be given competitively to States to assist them in developing data infrastructures for collecting and reporting on performance measures.

Section 202 reauthorizes the Grants for the Benefit of Homeless Individuals program which provides funds to develop and expand mental health and substance abuse treatment services to homeless individuals and gives priority in the awarding of grants to programs which also provide for primary health care, have experience in providing mental health and substance abuse services and who serve homeless youth.

Section 203 reauthorizes the Projects for Assistance in Transition from Homelessness program which provides funds to States under a formula for the provision of mental health services to homeless individuals.

Section 204 provides funds for the States to provide community based mental health services for adults with a serious mental illness and children with a serious emotional disturbance. In this section, the number of elements that States must include in their plan for use of CMHS Block Grant funds are reduced from 12 to 5. This section also expands the responsibilities of the already existing State Planning Councils by requiring them to review and comment on State reports on the outcomes of their activities. This section includes a provision that would exempt from maintenance of effort requirements any one time infusion of funds which are for a singular purpose.

Section 205 makes permanent minimum allotment requirements for the formula for distribution of the Community Mental Health Services Block Grant in Public Law 105-277.

Section 206 extends the authorization of the Protection and Advocacy for the Mentally Ill Individuals Act of 1986 through fiscal year 2002 and makes technical changes to the formula for distribution of funds under this program to correct a provision that would have inappropriately reduced minimum State allotments. This section permits an American Indian Consortia to receive direct funding after the appropriation exceeds \$25 million. It would also extend the responsibilities of the Protection and Advocacy program to individuals living in communities when the appropriation exceeds \$30 million.

Section 207 requires facilities that are both within the purview of the Protection and Advocacy program and which receive appropriated funding from the Federal government to protect and promote the rights of individuals with regard to the appropriate use of seclusion and restraints.

TITLE III—SUBSTANCE ABUSE

Section 301 of the bill repeals sections 508, 509, 510, 511, 512, 571 and 1971 of the Public Health Service Act, in favor of a broad authority that gives the Secretary more flexibility to respond to individuals in need of substance abuse treatment. It would authorize three types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency gathers through its knowledge development; and (3) targeted capacity response which enables the agency to respond to services needs in local communities.

Section 302 repeals sections 516 and 518 of the Public Health Service Act in favor of a broad authority that gives the Secretary

more flexibility under SAMHSA's general authority (Section 501) instead of specific programs in responding to individuals in need of substance abuse prevention. It would authorize three types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; and (3) targeted capacity response which enables the agency to respond to services needs in local communities.

Section 303 provides funds to States for their use in providing substance abuse prevention and treatment services. This provision would begin the process of giving States greater flexibility in their use of funds and accountability based on performance instead of expenditures. Greater flexibility is enhanced by the repeal of a requirement that States spend 35 percent of their allotment on drug related activities and 35 percent on alcohol related activities. A provision requiring States to maintain a \$100,000 revolving fund to support homes for persons recovering from substance abuse would be made optional thus permitting States to continue such efforts or to use those funds for other services as they deem necessary. States are permitted to use funds for screening and testing of conditions such as HIV and hepatitis C. They are given the latitude to develop a comprehensive treatment program for individuals coming into the substance abuse treatment system. This section also creates authority for the Secretary to waive certain requirements for States who meet established criteria. Those criteria would be established in regulation after consultation with the States, providers and consumers. This section includes a provision that would exempt from maintenance of effort requirements any one time infusion of funds which are for a singular purpose.

Section 304 makes permanent minimum growth and small state minimums which were adopted for the formula for distribution of the Substance Abuse Prevention and Treatment Block Grant in Public Law 105-277.

Section 305 permits religious organizations to receive federal assistance either through the Substance Abuse Prevention and Treatment Block Grant or discretionary grants through the Substance Abuse and Mental Health Services Administration to provide substance abuse services while maintaining their religious character, including retaining autonomy over employment decisions.

Section 306 authorizes the Secretary to make grants, contracts or cooperative agreements with public and private non-profit private entities including American Indian tribes and tribal organizations and native Alaskans for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans. This section also establishes a Commission on Indian and Native Alaskan Health Care that shall carry out a comprehensive examination of the health concerns of Indians and Native Alaskans living on reservations or tribal lands.

TITLE IV—FLEXIBILITY AND ACCOUNTABILITY

Section 401 of the bill removes the requirement that there be an Associate Administrator for Alcohol Policy, and makes necessary corrections to the peer review requirements.

Section 402 reduces the number of times the advisory councils meet each year for each of the centers and SAMHSA from three times to two.

Section 403 requires the Secretary to submit to Congress within two years a plan on how what the performance based programs under the CMHS and SAPT Block Grants would operate. This plan would include how the States would receive greater flexibility, what performance measures would be used in holding States accountable, definitions for the data elements that would be collected, the funds needed to implement this system and where those funds would come from, and needed legislative changes. The committees of jurisdiction are given one year to consider the plan and implement any necessary changes in the next reauthorization of SAMHSA in 2002.

Section 404 creates an authority for the Secretary to make grants to States to assist them in developing the data infrastructure necessary to implement a performance based system.

Section 405 repeals certain obsolete provisions of the Narcotic Addict Rehabilitation Act of 1966.

Section 406 requires the Secretary to report to the committees of jurisdiction on how services are currently being provided to those with a co-occurring mental health and substance abuse disorders, what improvements are needed to ensure that they receive the services they need, and a summary of best practices on how to provide those services including prevention of substance abuse among individuals who have a mental illness and treatment for those with a co-occurring disorder.

Section 407 clarifies that both Substance Abuse Prevention and Treatment and Community Mental Health Service Block Grant funds may be used to provide services to those with co-occurring mental health and substance abuse disorders as long as substance abuse funds are used for the substance abuse aspect of treatment and the mental health funds are used for the mental health aspect of treatment.

VIII. ADDITIONAL VIEWS

Nondiscrimination and institutional safeguards for religious providers

We agree with the Majority that faith-based organizations have an important and necessary role to play in combating many of our Nation's social ills, including youth violence, homelessness, and substance abuse. In fact, we have seen first-hand the impact that faith-based organizations such as Catholic Charities have on delivering certain services to people in need. By enabling faith-based organizations to join in the battle against substance abuse, we add another powerful tool in our ongoing efforts to help people move from dependence to independence.

However, we were very disappointed that the committee chose to include in Section 305 the "Charitable Choice" provision that would permit all religious institutions, including pervasively religious organizations, such as churches and other houses of worship, to use taxpayer dollars to advance their religious mission. Given the Supreme Court precedent we believe this provision is Constitutionally suspect.

Although charitable choice has already become law as a part of welfare reform and the Community Services Block Grant (CSBG) portion of the Human Services Reauthorization Act, efforts are being made to expand charitable choice to every program that receives federal financial assistance. The inclusion of charitable choice in this legislation is particularly disturbing since, unlike its application to the intermittent services provided under Welfare Reform and CSBG, Substance Abuse and Mental Health Services Administration (SAMHSA) funds are used to provide substance abuse treatment which is ongoing and involves direct counseling of beneficiaries. In the context of these programs it would be difficult if not impossible to segregate religious indoctrination from the social service.

In addition, as the 1998 GAO Report on drug abuse treatment stated, "Regardless of how faith-based treatment is defined, there has not been sufficient research to determine the results of this type of treatment."

As Dr. Alan Leshner, Director of the National Institute on Drug Abuse, reported to the Committee last year, "the many advances in our scientific understanding of drug abuse have revolutionized the medical care of those who are addicted. These advances have helped us to understand addiction as a chronic illness caused by the effects of prolonged drug use on the brain, contributed to the development of numerous effective, science-based, and tested treat-

ments, and helped to dispel the belief that addiction is a moral failing.”¹

These findings lead the Minority to believe that successful substance abuse programs must have a strong link to clinical care and that treatment for addiction should be based on the latest scientific information to ensure the best possible care. The Minority also believes that more peer-reviewed research should be conducted to evaluate the effectiveness of programs involving untrained non-scientific methods and that clear scientific information be provided when claims are made regarding the effectiveness of such programs.

In addition, the Minority is also deeply disappointed that language was included in the bill that creates a new avenue for employment discrimination and proselytization in programs funded by SAMHSA. Under current law, many religiously-affiliated nonprofit organizations already provide government-funded social services without employment discrimination and without proselytization. However, the legislation extends title VII’s religious exemption to cover the hiring practices of organizations participating in SAMHSA funded programs. As the Majority’s report language points out, even if the organization is solely funded by SAMHSA, they may “make employment decisions based upon religious reasons.”

So, for example, a federally funded substance abuse treatment program run by a church could fire or refuse to hire an individual who has remarried without properly validating his or her second marriage, in the eyes of that church—even if he or she is a well-trained and successful substance abuse counselor.

This is not an entirely hypothetical example. In *Little v. Wuerl*, 929 F.2d 944 (3d Cir. 1991) the Court held that “Congress intended the explicit exemptions to title VII to enable religious organizations to create and maintain communities composed solely of individuals faithful to their doctrinal practices, whether or not every individual plays a direct role in the organization’s religious activities.” The Court concluded that “the permission to employ persons of ‘a particular region’ includes permission to employ only persons whose beliefs and conduct are consistent with the employer’s religious precepts.” This may be acceptable when the religious organization is using its own money, but when it is using federal funds, with explicit prohibitions against proselytization, this kind of discrimination is objectionable.

Thus, while there are great benefits that come with allowing religious organizations to provide social services with federal funds, as the Vice President recently reminded us, “clear and strict safeguards” must exist to ensure that the dividing line between church and state is not erased.

Even the front runner for the Republican Presidential nomination, Governor George W. Bush, acknowledged to the New York Times that these safeguards are necessary: “Bush said . . . that federal money would pay for services delivered by faith-based groups, not for the religious teachings espoused by the groups.”²

¹ Senate Hearing Rpt. 105–645, “Substance Abuse: The Science of Addiction and Options for Treatment,” July 28, 1998.

² New York Times, July 22, 1999.

In view of these concerns, we were disappointed that the Majority chose to vote against including these important safeguards proposed in an amendment to section 305 by Senators Reed and Kennedy.

First, the Reed-Kennedy amendment would have removed the provision of the bill that allows religious organizations to require that employees hired for SAMHSA funded programs must subscribe to the organization's religious tenets and teachings. Since section 305 prohibits religious organizations from proselytizing in conjunction with the dissemination of social services under SAMHSA programs, we believe it is contradictory to permit religious organizations to require that their employees subscribe to the organization's tenets and teachings. Second, the amendment would have eliminated the bill's provision that extends title VII's religious exemption to cover the hiring practices of organizations participating in SAMHSA funded programs.

Ultimately, the modest proposal offered by Senators Reed and Kennedy would not have reduced the ability of religious groups to hire co-religionists. It merely would have eliminated the explicit ability to discriminate in taxpayer funded employment and left to the courts the decision of whether employees who work on, or are paid through, government grants or contracts are exempt from the prohibition on religious employment discrimination.

Without these safeguards, well-intentioned proposals to help religious organizations aid needy populations, might actually harm the First Amendment's principle of separation of church and state.

For the last 30 years, federal civil rights laws have expanded employment opportunities and sought to counter discrimination in the workplace. We recognize that we need the assistance of religious organizations in the battle against substance abuse, but we don't need—nor should we tolerate—the federal government endorsing discrimination and proselytization.

We are disappointed with the Majority report language particularly because we believe religious organizations are helpful allies in the battle against substance abuse. However, it is our view that we should enlist the assistance of such organizations without undermining constitutional principles and civil rights law. Accordingly, we are concerned that the charitable choice provision, though laudable in concept, would have disturbing practical and constitutional consequences.

EDWARD KENNEDY.
CHRIS DODD.
TOM HARKIN.
JEFF BINGAMAN.
JACK REED.
BARBARA A. MIKULSKI.
PATTY MURRAY.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new mat-

ter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

SECTION 1. **[201 note]** * * *

* * * * *

[Section 303 of the Public Health Service Act is repealed]

* * * * *

[Part E of title III of the Obsolete Public Health Service Act Authorities is repealed.]

[PART L—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS]

SEC. 399D. **[280d] GRANTS FOR SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.**

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary, acting through the **[Administrator of the Health Resources and Services Administration]** *Administrator of the Substance Abuse and Mental Health Services Administration* shall make grants to public and nonprofit private entities for the purpose of carrying out programs—

* * * * *

(B) to provide the applicable services described in subsection (c) to families in which a member is a substance abuser; **[and]**

(C) to identify such children and such families**[.]** *through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and*

(D) *to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families.*

(2) ADMINISTRATIVE CONSULTATIONS.—The Administrator of the Administration for Children, Youth, and Families and the **[Administrator of the Substance Abuse and Mental Health Services Administration]** *Administrator of the Health Resources and Services Administration* shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

(3) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

(A) * * *

* * * * *

[(i) the entity] *(i)(I) the entity* involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

[(ii) the entity] *(II) the entity* will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments[.] ; and

(ii) the entity will identify children who may be eligible for medical assistance under a State program under title XIX or XXI of the Social Security Act.

* * * * *

(b) * * *

* * * * *

(1) Periodic evaluation of children for developmental, psychological, *alcohol and drug*, and medical problems.

* * * * *

[(5) PREVENTIVE COUNSELING SERVICES.]

(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.

* * * * *

Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements.

(c) * * *

* * * * *

(1) Services as follows, to be provided by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, *or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements:*

* * * * *

(D) Aggressive outreach to family members with substance abuse problems.

(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.

(2) In the case of substance abusers:

[(A) Encouragement and, where necessary, referrals to participate in appropriate substance abuse treatment.]

(A) Alcohol and drug treatment services, including screening and assessment, diagnosis, detoxification, indi-

vidual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.

* * * * *

(C) Consultation and referral regarding subsequent pregnancies and life options[, including education and career planning] *and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome.*

(D) Where appropriate, counseling regarding family [conflict and] violence.

(E) [Remedial] *Career planning and* education services.

* * * * *

(3) * * *

* * * * *

(D) Parenting education services and parent support groups *which include child abuse and neglect prevention techniques.*

* * * * *

(d) *TRAINING FOR PROVIDERS OF SERVICES TO CHILDREN AND FAMILIES.—The Secretary may make a grant under subsection (a) for the training of health, substance abuse and mental health professionals and other providers of services to children and families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource centers, the criminal justice system, and other providers of services to children and families. Such training shall be to assist professionals in recognizing the drug and alcohol problems of their clients and to enhance their skills in identifying and understanding the nature of substance abuse, and obtaining substance abuse early intervention, prevention and treatment resources.*

[(d) CONSIDERATIONS IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall ensure that the grants are reasonably distributed among the following types of entities:]

(e) *ELIGIBLE ENTITIES.—The Secretary shall distribute the grants through the following types of entities:*

(1) Alcohol and [drug treatment] *drug early intervention, prevention or treatment* programs, especially those providing treatment to pregnant women and mothers and their children.

* * * * *

(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; [and]; or

(B) an affiliation or contractual relationship with one or more substance abuse treatment programs *or pediatric health or mental health providers and family mental health providers.*

* * * * *

[(e)](f) *FEDERAL SHARE.—The Federal share of a program carried out under subsection (a) shall be 90 percent. The Secretary shall accept the value of in-kind contributions, including facilities*

and personnel, made by the grant recipient as a part or all of the non-Federal share of grants.

[(f) COORDINATION WITH OTHER PROVIDERS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to coordinate its activities with those of the State lead agency, and the State Interagency Coordinating Council, under part H of the Individuals with Disabilities Education Act.]

* * * * *

(g) * * *

* * * * *

(2) a description of the mechanism that will be used to involve the local public agencies responsible for health, *including maternal and child health*, mental health, child welfare, education, juvenile justice, developmental disabilities, and substance abuse [treatment programs] in planning and providing services under this section, as well as evidence that the proposal has been coordinated with the State agencies responsible for administering those programs [and the State agency responsible for administering public maternal and child health services;], *the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and*

[(3) information demonstrating that the applicant has established a collaborative relationship with child welfare agencies and child protective services that will enable the applicant, where appropriate, to—

[(A) provide advocacy on behalf of substance abusers and the children of substance abusers in child protective services cases;

[(B) provide services to help prevent the unnecessary placement of children in substitute care; and

[(C) promote reunification of families or permanent plans for the placement of the child; and]

[(4)] (3) *such other information as the Secretary determines to be appropriate.*

* * * * *

(i) * * *

* * * * *

(B) the number of children served who remained with their parents during the period in which entities provided services under this section; *and*

[(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

[(D) the number of children described in subparagraph (C) who were reunited with their families; and

[(E) the number of children described in subparagraph (C) for whom a permanent plan has not been made or for whom the permanent plan is other than family reunification;]

(C) *the number of case workers or other professionals trained to identify and address substance abuse issues.*

* * * * *

(j) REQUIREMENT OF APPLICATION.—The Secretary may make any grant under subsection (a) only if—

* * * * *

(2) the application contains the agreements required in this section and the information required in subsection [(h)] (i); and

* * * * *

[(k) PEER REVIEW.—

[(1) REQUIREMENT.—In making determinations for awarding grants under subsection (a), the Secretary shall rely on the recommendations of the peer review panel established under paragraph (2).

[(2) COMPOSITION.—The Secretary shall establish a review panel to make recommendations under paragraph (1) that shall be composed of—

[(A) national experts in the fields of maternal and child health, substance abuse treatment, and child welfare; and

[(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Administration for Children, Youth, and Families.

[(1)](k) EVALUATIONS.—The Secretary shall periodically conduct evaluations to determine the effectiveness of programs supported under subsection (a)—

* * * * *

(3) in promoting better utilization of health and developmental services and improving the health, developmental, and psychological status of children receiving services under the program; and

(4) in improving parental and family functioning[;], *including increased participation in work or employment-related activities and decreased participation in welfare programs.*

[(5) in reducing the incidence of out-of-home placement for children whose parents receive services under the program; and

[(6) in facilitating the reunification of families after children have been placed in out-of-home care.]

[(m)] (l) REPORT TO CONGRESS.—Not later than 2 years after the date on which amounts are first appropriated under subsection (o), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report that contains a description of programs carried out under this section. At a minimum, the report shall contain—

* * * * *

(2) information concerning the type and use of services offered; and

(3) information concerning—

(A) the number and characteristics of families, parents, and children served; *and*

(B) the number of children served who remained with their parents during or after the period in which entities provided services under this section[;].

[(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

[(D) the number of children described in subparagraph (C) who were reunited with their families; and

[(E) the number of children described in subparagraph (C) who were permanently placed in out-of-home care; analyzed by the type of entity described in subsection [(d)] (e) *that provided services*;

[(4) an analysis of the access provided to, and use of, related services and alcohol and drug treatment through programs carried out under this section; and

[(5) a comparison of the costs of providing services through each of the types of entities described in subsection [(d)] (e).

[(n)] (m) DATA COLLECTION.—The Secretary shall periodically collect and report on information concerning the numbers of children in substance abusing families, including information on the age, gender and ethnicity of the children, the composition and income of the family, and the source of health care finances. *The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.*

[(o)](n) DEFINITIONS.—For purposes of this section:

* * * * *

(B) children who have been prenatally exposed to alcohol or other [dangerous] drugs.

* * * * *

[(p) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

[(2) CONTINGENT AUTHORITY REGARDING TRAINING OF CERTAIN INDIVIDUALS.—Of the amounts appropriated under paragraph (1) for a fiscal year in excess of \$25,000,000, the Secretary may make available not more than 15 percent for the training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers.】

(o) AUTHORIZATION OF APPROPRIATIONS.—*For the purpose of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.*

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

PART A—ORGANIZATION AND GENERAL AUTHORITIES

SEC. 501. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

(a) ESTABLISHMENT.—* * *

* * * * *

(e) ASSOCIATE ADMINISTRATOR FOR ALCOHOL PREVENTION AND TREATMENT POLICY.—

[(1) IN GENERAL.—There shall be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator shall delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also shall ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2000 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.]

(1) IN GENERAL.—There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

PART A—ORGANIZATION AND GENERAL AUTHORITIES

SEC. 501. [290aa] SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION.

(a) * * *

* * * * *

(m) *EMERGENCY RESPONSE.*—

(1) *IN GENERAL.*—*Notwithstanding section 504 and except as provided in paragraph (2), the Secretary may use not to exceed 3 percent of all amounts appropriated under this title for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.*

(2) *EXCEPTIONS.*—*Amounts appropriated under part C shall not be subject to paragraph (1).*

(3) *EMERGENCIES.*—*The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.*

(n) *LIMITATION ON THE USE OF CERTAIN INFORMATION.*—*No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.*

[(m)] (o) *AUTHORIZATION OF APPROPRIATIONS.*—*For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated \$25,000,000 for fiscal year [1993, and such sums as may be necessary for fiscal year 1994.] 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

* * * * *

ADVISORY COUNCILS

SEC. 502. (a) *APPOINTMENT.*—

* * * * *

(e) *MEETINGS.*—*An advisory council shall meet at the call of the chairperson or upon the request of the Administrator or Director of the Administration or Center for which the advisory council is established, but in no event less than [3 times] 2 times during each fiscal year. The location of the meetings of each advisory coun-*

cil shall be subject to the approval of the Administrator or Director of Administration or Center for which the council was established.

* * * * *

SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS.

(a) *IN GENERAL.*—Not later than 2 years after the date of enactment of this section, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

(b) *REPORT CONTENT.*—The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 1911 and 1921 are being utilized, including the number of such children and adults served with such funds;

(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

(c) *FUNDS FOR REPORT.*—The Secretary may obligate funds to carry out this section with such appropriations as are available.

SEC. 504. (a) *IN GENERAL.*—The Secretary, after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through such Centers.

(b) *MEMBERS.*—The members of any peer review group established under regulations under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any peer review group established under such regulation shall be officers or employees of the United States.

(c) *REQUIREMENTS.*—Regulations promulgated pursuant to subsection (a)—

(1) shall require that the reviewing entity be provided a written description of the matter to be reviewed;

(2) shall require that the reviewing entity provide the advisory council of the Center involved with such description and the results of the review by the entity; and

(3) may specify the conditions under which limited exceptions may be granted to the limitations contained in the last sentence of subsection (b) and subsection (d).

(d) RECOMMENDATIONS.—

(1) IN GENERAL.—If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made does not exceed \$50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended after peer review required by regulations under subsection (a).

(2) BY APPROPRIATE ADVISORY COUNCIL.—If the direct cost of a grant, or cooperative agreement (described in subsection (a)) to be made exceeds \$50,000, the Secretary may make such grant, or cooperative agreement only if such grant, cooperative agreement, or contract is recommended—

(A) after peer review required by regulations under subsection (a), and

(B) by the appropriate advisory council.

SEC. 504. PEER REVIEW.

(a) IN GENERAL.—*The Secretary, after consultation with the Administrator, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 4(11) of the Office of Federal Procurement Policy Act.*

(b) MEMBERS.—*The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than $\frac{1}{4}$ of the members of any such peer review group shall be officers or employees of the United States.*

(c) ADVISORY COUNCIL REVIEW.—*If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 4(11) of the Office of Federal Procurement Policy Act, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—*

(1) after peer review required under subsection (a); and

(2) by the appropriate advisory council.

(d) CONDITIONS.—*The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.*

[SEC. 506. (a) GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.—The Secretary, acting through the Administrator, may make grants to, and enter into contracts and cooperative agreements with, community-based public and private nonprofit entities for the purpose of developing and expanding mental health and substance abuse treatment services for homeless individuals. In

carrying out this subsection, the Administrator shall consult with the Administrator of the Health Resources and Services Administration, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, and the Commissioner of the Administration for Children, Youth and Families.

[(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give preference to entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals.

[(c) SERVICES FOR CERTAIN INDIVIDUALS.—In making awards under subsection (a), the Secretary may not prohibit the provision of services under such subsection to homeless individuals who have a primary diagnosis of substance abuse and are not suffering from mental illness.

[(d) TERM OF GRANT.—No entity may receive grants under subsection (a) for more than 5 years although such grants may be renewed.

[(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.]

SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

(a) *IN GENERAL.*—*The Secretary shall award grants contracts and cooperative agreements to community-based public and private non-profit entities for the purposes of providing mental health and substance abuse services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless, established under section 201 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11311).*

(b) *PREFERENCES.*—*In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—*

- (1) entities that provide integrated primary health, substance abuse, and mental health services to homeless individuals;*
- (2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;*
- (3) entities that have experience in providing substance abuse and mental health services to homeless individuals;*
- (4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or substance abuse; and*
- (5) entities that demonstrate effectiveness in serving homeless veterans.*

(c) *SERVICES FOR CERTAIN INDIVIDUALS.*—*In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—*

- (1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance abuse disorder and are not suffering from a mental health disorder; and*
- (2) make payments under subsection (a) to any entity that has a policy of—*

(A) *excluding individuals from mental health services due to the existence or suspicion of substance abuse; or*
 (B) *has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.*

(d) *TERM OF THE AWARDS.—No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.*

(e) *AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

PART B—CENTERS AND PROGRAMS

Subpart 1—Center for Substance Abuse Treatment

CENTER FOR SUBSTANCE ABUSE TREATMENT

SEC. 507. [290bb] (a) * * *

* * * * *

(2) *ensure that emphasis is placed on children and adolescents in the development of treatment programs;*

[(2)] (3) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who abuse drugs intravenously;

[(3)] (4) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

[(4)] (5) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Health Care Financing Administration to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

[(5)] (6) evaluate plans submitted by the States pursuant to section 1932(a)(6) in order to determine whether the plans adequately provided for the availability, allocation, and effectiveness of treatment services, and monitor the use of revolving loan funds pursuant to section 1925;

[(6)] (7) sponsor regional workshops on improving the quality and availability of treatment services;

[(7)] (8) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts carried out by the Director.

[(8)] (9) encourage the States to expand the availability (relative to fiscal year 1992) of programs providing treatment serv-

ices through self-run, self-supported recovery based on the programs of housing operated pursuant to section 1925;

[(9)] (10) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

[(10)] (11) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

[(11)] (12) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, including the effect of living in housing provided by programs established under section 1925, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities; and

[(12)] (13) in carrying out paragraph [(11)] (12), assess the quality, appropriateness, and costs of various treatment forms for specific patient groups.

* * * * *

[(RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

[(SEC. 508. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall provide awards of grants, cooperative agreement, or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance abuse through programs in which, during the course of receiving treatment—

[(1) the women reside in facilities provided by the programs;

[(2) the minor children of the women reside with the women in such facilities, if the women so request; and

[(3) the services described in subsection (d) are available to or on behalf of the women.

[(b) AVAILABILITY OF SERVICES FOR EACH PARTICIPANT.—A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

[(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

[(2) the services will be made available to each woman admitted to the program.

[(c) INDIVIDUALIZED PLAN OF SERVICE.—A funding agreement for an award under subsection (a) for an applicant is that—

[(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision to the woman of the services; and

[(2) treatment services under the plan will include—

[(A) individual, group, and family counseling, as appropriate, regarding substance abuse; and

[(B) follow-up services to assist the woman in preventing a relapse into such abuse.

[(d) REQUIRED SUPPLEMENTAL SERVICES.—In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

- [(1) Prenatal and postpartum health care.
- [(2) Referrals for necessary hospital services.
- [(3) For the infants and children of the woman—
 - [(A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children;
 - [(B) counseling and other mental health services, in the case of children; and
 - [(C) comprehensive social services.
- [(4) Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.
- [(5) Training in parenting.
- [(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.
- [(7) Counseling on domestic violence and sexual abuse.
- [(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.
- [(9) Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.
- [(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.
- [(11) Case management services, including—
 - [(A) assessing the extent to which authorized services are appropriate for the women and their children;
 - [(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and
 - [(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

[(e) MINIMUM QUALIFICATIONS FOR RECEIPT OF AWARD.—

[(1) CERTIFICATION BY RELEVANT STATE AGENCY.—With respect to the principal agency of the State involved that administers programs relating to substance abuse, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

- [(A) the applicant has the capacity to carry out a program described in subsection (a);
- [(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance abuse; and
- [(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applica-

ble State licensure or certification requirements regarding the provision of the services involved.

[(2) STATUS AS MEDICAID PROVIDER.—

[(A) Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the state involved—

[(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

[(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

[(B)(i) In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

[(ii) A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

[(C) With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21 years of age and who has not attained 65 years of age. For purposes of the preceding sentence, the term “institution for mental diseases” has the meaning given such term in section 1905(i) of the Social Security Act.

[(f) REQUIREMENT OF MATCHING FUNDS.—

[(1) IN GENERAL.—With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a), a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

[(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than \$1 for each \$9 of Federal funds provided in the award;

[(B) for any second such fiscal year, is not less than \$1 for each \$9 of Federal funds provided in the award; and

[(C) for any subsequent such fiscal year, is not less than \$1 for each \$3 of Federal funds provided in the award.

[(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

[(g) OUTREACH.—A funding agreement for an award under subsection (a) for an applicant is that the applicant will provide outreach services in the community involved to identify women who are engaging in substance abuse and to encourage the women to undergo treatment for such abuse.

[(h) ACCESSIBILITY OF PROGRAM; CULTURAL CONTEXT OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

[(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

[(2) authorized services will be provided in the language and the cultural context that is most appropriate.

[(i) CONTINUING EDUCATION.—A funding agreement for an award under subsection (a) is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

[(j) IMPOSITION OF CHARGES.—A funding agreement for an award under subsection (a) for an applicant is that, if a charge is imposed for the provision of authorized services to on behalf of an eligible woman, such charge—

[(1) will be made according to a schedule of charges that is made available to the public;

[(2) will be adjusted to reflect the income of the woman involved; and

[(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office for Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

[(k) REPORTS TO DIRECTOR.—A funding agreement for an award under subsection (a) is that the applicant involved will submit to the Director a report—

[(1) describing the utilization and costs of services provided under the award;

[(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

[(3) providing such other information as the Director determines to be appropriate.

[(l) REQUIREMENT OF APPLICATION.—The Director may make an award under subsection (a) only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains

such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

[(m) **EQUITABLE ALLOCATION OF AWARDS.**—In making awards under subsection (a), the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.

[(n) **DURATION OF AWARD.**—The period during which payments are made to an entity from an award under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

[(o) **EVALUATIONS; DISSEMINATION OF FINDINGS.**—The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a). The Director shall disseminate to the States the findings made as a result of the evaluations.

[(p) **REPORTS TO CONGRESS.**—Not later than October 1, 1994, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate a report describing programs carried out pursuant to this section. Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Administrator for inclusion in the biennial report under section 501(k). Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.

[(q) **DEFINITIONS.**—For purposes of this section:

[(1) the term “authorized services” means treatment services and supplemental services.

[(2) The term “eligible woman” means a woman who has been admitted to a program operated pursuant to subsection (a).

[(3) The term “funding agreement under subsection (a)”, with respect to an award under subsection (a), means that the Director may make the award only if the applicant makes the agreement involved.

[(4) The term “treatment services” means treatment for substance abuse, including the counseling and services described in subsection (c)(2).

[(5) The term “supplemental services” means the services described in subsection (d).

[(r) **AUTHORIZATION OF APPROPRIATIONS.**—

[(1) In **GENERAL.**—For the purpose of carrying out this section and section 509, there are authorized to be appropriated \$100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

[(2) **TRANSFER.**—For the purpose described in paragraph (1), in addition to the amounts authorized in such paragraph to be appropriated for a fiscal year, there is authorized to be appro-

appropriated for the fiscal year from the special forfeiture fund of the Director of the Office of National Drug Control Policy such sums as may be necessary.

[(3) **RULE OF CONSTRUCTION.**—The amounts authorized in this subsection to be appropriated are in addition to any other amounts that are authorized to be appropriated and are available for the purpose described in paragraph (1).]

SEC. 508. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) **PROJECTS.**—*The Secretary shall address priority substance abuse treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—*

- (1) *knowledge development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects;*
- (2) *training and technical assistance; and*
- (3) *targeted capacity response programs.*

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or non-profit private entities.

(b) **PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS.**—

(1) **IN GENERAL.**—*Priority substance abuse treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.*

(2) **SPECIAL CONSIDERATION.**—*In developing program priorities under paragraph (1), the Secretary, in conjunction with the Director of the Center for Substance Abuse Treatment, the Director of the Center for Mental Health Services, and the Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of substance abuse treatment services into primary health care systems.*

(c) **Requirements.**—

(1) **IN GENERAL.**—*Recipients of grants, contracts, or cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.*

(2) **DURATION OR AWARD.**—*With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.*

(3) **MATCHING FUNDS.**—*The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private*

entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000 and such sums as may be necessary for each of the fiscal years 2001 and 2002.

【OUTPATIENT TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

【SEC. 509. (a) GRANTS.—The Secretary, acting through the Director of the Treatment Center, shall make grants to establish projects for the outpatient treatment of substance abuse among pregnant and postpartum women, and in the case of conditions arising in the infants of such women as a result of such abuse by the women, the outpatient treatment of the infants for such conditions.

【(b) PREVENTION.—Entities receiving grants under this section shall engage in activities to prevent substance abuse among pregnant and postpartum women.

【(c) EVALUATION.—The Secretary shall evaluate projects carried out under subsection (a) and shall disseminate to appropriate public and private entities information on effective projects.

【DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE

【SEC. 510. (a) GRANTS FOR TREATMENT IMPROVEMENT.—The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities for the purpose of establishing demonstration projects that will improve the provision of treatment services for substance abuse.

【(b) NATURE OF PROJECTS.—Grants under subsection (a) shall be awarded to—

【(1) projects that provide treatment to adolescents, female addicts and their children, racial and ethnic minorities, or indi-

viduals in rural areas, with preference given to such projects that provide treatment for substance abuse to women with dependent children, which treatment is provided in settings in which both primary health services for the women and pediatric care are available;

[(2) projects that provide treatment in exchange for public service;

[(3) projects that provide treatment services and which are operated by public and nonprofit private entities receiving grants under section 329, 330, 340, 340A, or other public or nonprofit private entities that provide primary health services;

[(4) "treatment campus" projects that—

[(A) serve a significant number of individuals simultaneously;

[(B) provide residential, non-community based drug treatment;

[(C) provide patients with ancillary social services and referrals to community-based aftercare; and

[(D) provide services on a voluntary basis;

[(5) projects in large metropolitan areas to identify individuals in need of treatment services and to improve the availability and delivery of such services in the areas;

[(6) in the case of drug abusers who are at risk of HIV infection, projects to conduct outreach activities to the individuals regarding the prevention of exposure to and the transmission of the human immunodeficiency virus, and to encourage the individuals to seek treatment for such abuse; and

[(7) projects to determine the long-term efficacy of the projects described in this section and to disseminate to appropriate public and private entities information on the projects that have been effective.

[(c) PREFERENCES IN MAKING GRANTS.—In awarding grants under subsection (a), the Director of the Treatment Center shall give preference to projects that—

[(1) demonstrate a comprehensive approach to the problems associated with substance abuse and provide evidence of broad community involvement and support; or

[(2) initiate and expand programs for the provisions of treatment services (including renovation of facilities, but not construction) in localities in which, and among populations for which, there is a public health crisis as a result of the inadequate availability of such services and a substantial rate of substance abuse.

[(d) DURATION OF GRANTS.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years.

[(e) AUTHORIZATION OF APPROPRIATIONS.—

[(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$175,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. The amounts so authorized are in addition to any other amounts that are authorized to be appropriated and available for such purpose.

[(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director of the Treatment Center shall reserve not less than 5 percent for carrying out projects described in subsections (b)(2) and (b)(3).

【GRANTS FOR SUBSTANCE ABUSE TREATMENT IN STATE AND LOCAL CRIMINAL JUSTICE SYSTEMS

【SEC. 511. (a) IN GENERAL.—The Director of the Center or Substance Abuse Treatment shall provide grants to public and nonprofit private entities that provide treatment for substance abuse to individuals under criminal justice supervision.

[(b) ELIGIBILITY.—In awarding grants under subsection (a), the Director shall ensure that the grants are reasonably distributed among—

[(1) projects that provide treatment services to individuals who are incarcerated in prisons, jails, or community correctional settings; and

[(2) projects that provide treatment services to individuals who are not incarcerated, but who are under criminal justice supervision because of their status as pretrial releasees, post-trial releasees, probationers, parolees, or pretrial releasees.

[(c) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to programs commensurate with the extent to which such programs provide, directly or in conjunction with other public or private nonprofit entities, one or more of the following—

[(1) a continuum of offender management services as individuals enter, proceed through, and leave the criminal justice system, including identification and assessment, substance abuse treatment, pre-release counseling and pre-release referrals with respect to housing, employment and treatment;

[(2) comprehensive treatment services for juvenile offenders;

[(3) comprehensive treatment services for female offenders, including related services such as violence counseling, parenting and child development classes, and prenatal care;

[(4) outreach services to identify individuals under criminal justice supervision who would benefit from substance abuse treatment and to encourage such individuals to seek treatment; or

[(5) treatment services that function as an alternative to incarceration for appropriate categories of offenders or that otherwise enable individuals to remain under criminal justice supervision in the least restrictive setting consistent with public safety.

[(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

【TRAINING IN PROVISION OF TREATMENT SERVICES

【SEC. 512. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall develop programs to increase the number of substance abuse treatment professionals and the number of health professionals providing treatment services through

the awarding of grants to appropriate public and nonprofit private entities, including agencies of State and local governments, hospitals, schools of medicine, schools of osteopathic medicine, schools of nursing, schools of social work, and graduate programs in marriage and family therapy.

[(b) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to projects that train full-time substance abuse treatment professionals and projects that will receive financial support from public entities for carrying out the projects.]

[(c) HEALTH PROFESSIONS EDUCATION.—In awarding grants under subsection (a), the Director may make grants—

[(1) to train individuals in the diagnosis and treatment of alcohol abuse and other drug abuse; and

[(2) to develop appropriate curricula and materials for the training described in paragraph (1).]

[(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$30,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.]

SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

(A) *IN GENERAL.*—*The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.*

(b) *PRIORITY.*—*In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—*

(1) apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents;

(2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

(3) provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

(4) provide treatment that is gender-specific and culturally appropriate;

(5) involve and work with families of children and adolescents receiving treatment;

(6) provide aftercare services for children and adolescents and their families after completion of substance abuse treatment; and

(7) address the relationship between substance abuse and violence.

(c) *DURATION OF GRANTS.*—*The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.*

(d) *APPLICATION.*—*An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.*

(e) *EVALUATION.*—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

(f) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to carry out this section, \$40,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

SEC. 514A. EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.

(a) *IN GENERAL.*—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including local educational agencies (as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), for the purpose of providing early intervention substance abuse services for children and adolescents.

(b) *PRIORITY.*—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who demonstrate an ability to—

(1) screen for and assess substance use and abuse by children and adolescents;

(2) make appropriate referrals for children and adolescents who are in need of treatment for substance abuse;

(3) provide early intervention services, including counseling and ancillary services, that are designed to meet the developmental needs of children and adolescents who are at risk for substance abuse; and

(4) develop networks with the educational, juvenile justice, social services, and other agencies and organizations in the State or local community involved that will work to identify children and adolescents who are in need of substance abuse treatment services.

(c) *CONDITION.*—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall ensure that such grants, contracts, or cooperative agreements are allocated, subject to the availability of qualified applicants, among the principal geographic regions of the United States, to Indian tribes and tribal organizations, and to urban and rural areas.

(d) *DURATION OF GRANTS.*—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

(e) *APPLICATION.*—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(f) *EVALUATION.*—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic

evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$20,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

SEC. 514B. YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.

(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health, shall award grants or contracts to public or nonprofit private entities to establish not more than 4 research, training, and technical assistance centers to carry out the activities described in subsection (c).

(b) APPLICATION.—A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) AUTHORIZED ACTIVITIES.—A center established under a grant or contract under subsection (a) shall—

(1) provide training with respect to state-of-the-art mental health and justice-related services and successful mental health and substance abuse-justice collaborations that focus on children and adolescents, to public policymakers, law enforcement administrators, public defenders, police, probation officers, judges, parole officials, jail administrators, and mental health and substance abuse providers and administrators;

(2) engage in research and evaluations concerning State and local justice and mental health systems, including system redesign initiatives, and disseminate information concerning the results of such evaluations;

(3) provide direct technical assistance, including assistance provided through toll-free telephone numbers, concerning issues such as how to accommodate individuals who are being processed through the courts under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), what types of mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse services can be more effective, including relevant regional, ethnic, and gender-related considerations; and

(4) provide information, training, and technical assistance to State and local governmental officials to enhance the capability of such officials to provide appropriate services relating to mental health or substance abuse.

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$4,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

SEC. 514C. PREVENTION OF METHAMPHETAMINE AND INHALANT ABUSE AND ADDICTION.

(a) *GRANTS.*—The Director of the Center for Substance Abuse Prevention (referred to in this section as the “Director”) may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

(1) to carry out school-based programs concerning the dangers of methamphetamine or inhalant abuse and addiction, using methods that are effective and evidence-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

(2) to carry out community-based methamphetamine or inhalant abuse and addiction prevention programs that are effective and evidence-based.

(b) *USE OF FUNDS.*—Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering methamphetamine or inhalant prevention programs in accordance with subsections (c).

(c) *PREVENTION PROGRAMS AND ACTIVITIES.*—

(1) *IN GENERAL.*—Amounts provided under this section may be used—

(A) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine or inhalants abuse and addiction and targeted at populations which are most at risk to start methamphetamine or inhalant abuse;

(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for methamphetamine or inhalant abuse and addiction;

(C) to assist local government entities to conduct appropriate methamphetamine or inhalant abuse prevention activities;

(D) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention;

(E) for planning, administration, and educational activities related to the prevention of methamphetamine or inhalant abuse;

(F) for the monitoring and evaluation of methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public; and

(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

(2) *PRIORITY.*—The Director shall give priority in making grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine or inhalant abuse and addiction.

(d) *ANALYSES AND EVALUATION.*—

(1) *IN GENERAL.*—Up to \$500,000 of the amount available in each fiscal year to carry out this section shall be made available

to the Director, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for methamphetamine or inhalant abuse and addiction and the development of appropriate strategies for disseminating information about and implementing these programs.

(2) *ANNUAL REPORTS.*—*The Director shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and Committee on Appropriations of the House of Representatives, an annual report with the results of the analyses and evaluation under paragraph (1).*

(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is authorized to be appropriated to carry out subsection (a), \$10,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.*

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Subpart 2—Center for Substance Abuse Prevention

OFFICE FOR SUBSTANCE ABUSE PREVENTION

SEC. 515. [290bb–21] (a) * * *

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(9) prepare for distribution documentary films and public service announcements for television and radio to educate the [public concerning] *public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements; and*

* * * * *

[COMMUNITY PROGRAMS

[SEC. 516. (a) IN GENERAL.—The Secretary, acting through the Director of the Prevention Center, shall—

[(1) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and

[(2) evaluate the success of different community approaches toward the prevention of such abuse.

[(b) STRATEGIES FOR REDUCING USE.—The Director of the Prevention Center shall ensure that strategies developed under subsection (a)(1) include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated \$120,000,000 for fiscal year 1993, such sums as may be necessary for fiscal year 1994.]

SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) *PROJECTS.*—The Secretary shall address priority substance abuse prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

- (1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;
- (2) training and technical assistance; and
- (3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, or other public or nonprofit private entities.

(b) *PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS.*—

(1) *IN GENERAL.*—Priority substance abuse prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) *SPECIAL CONSIDERATION.*—In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

- (A) applying the most promising strategies and research-based primary prevention approaches; and
- (B) promoting the integration of substance abuse prevention services into primary health care systems.

(c) *REQUIREMENTS.*—

(1) *IN GENERAL.*—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) *DURATION OF AWARD.*—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) *MATCHING FUNDS.*—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) *MAINTENANCE OF EFFORT.*—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the

entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) *EVALUATION.*—*The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.*

(e) *INFORMATION AND EDUCATION.*—*The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.*

(f) *AUTHORIZATION OF APPROPRIATION.*—*There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

PREVENTION, TREATMENT, AND REHABILITATION MODEL, PROJECTS
FOR HIGH RISK YOUTH

SEC. 517. [290bb–23] (a) * * *

* * * * *

(h) For the purpose of carrying out this section, there are authorized to be appropriated [\$70,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.] *such sums as may be necessary for each of the fiscal years 2000 through 2002.*

* * * * *

[SEC. 518. EMPLOYEE ASSISTANCE PROGRAMS.]

[(a) *IN GENERAL.*—The Director of the Prevention Center may make grants to public and nonprofit private entities for the purpose of assisting business organizations in establishing employee assistance programs to provide appropriate services for employees of the organizations regarding substance abuse, including education and prevention services and referrals for treatment.

[(b) *CERTAIN REQUIREMENTS.*—A business organization may not be assisted under subsection (a) if the organization has an employee assistance program in operation. The organization may receive such assistance only if the organization lacks the financial resources for operating such a program.

[(c) *SPECIAL CONSIDERATION FOR CERTAIN SMALL BUSINESSES.*—In making grants under subsection (a), the Director of the Prevention Office shall give special consideration to business organizations with 50 or fewer employers.¹

[(d) *CONSULTATION AND TECHNICAL ASSISTANCE.*—In the case of small businesses being assisted under subsection (a), the Secretary shall consult with the entities and organizations involved and provide technical assistance and training with respect to establishing and operating employee assistance programs in accordance with this subtitle.² Such assistance shall include technical assistance in establishing workplace substance abuse programs.

[(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$3,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.]

Subpart 3—Center for Mental Health Services

CENTER FOR MENTAL HEALTH SERVICES

SEC. 520. [290bb–31] (a) * * *

* * * * *

(3) *collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;*

[(3)] (4) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health;

[(4)] (5) develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

[(5)] (6) administer the mental health services block grant program authorized in section 1911;

[(6)] (7) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act;

[(7)] (8) carry out the programs authorized under sections 520A and 521, including the Community Support Program and the Child and Adolescent Service System Programs;

[(8)] (9) carry out responsibilities for the Human Resource Development program, and programs of clinical training for professional and paraprofessional personnel pursuant to section 303;

[(9)] (10) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

[(10)] (11) establish a clearinghouse for mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

[(11)] (12) provide technical assistance to public and private entities that are providers of mental health services;

[(12)] (13) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of

such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97-35 (95 Stat. 560));

[(13)] (14) conduct surveys with respect to mental health, such as the National Reporting Program; and

[(14)] (15) assist States in improving their mental health data collection.

* * * * *

[SEC. 520A. (a) SERIOUSLY MENTALLY ILL INDIVIDUALS AND CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL AND MENTAL DISTURBANCES.—

[(1) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, may make grants to States, political subdivisions of States, and nonprofit private agencies for—

[(A) mental health services demonstration projects for the planning, coordination and improvement of community services (including outreach and consumer-run self-help services) for seriously mentally ill individuals and their families, seriously emotionally and mentally disturbed children and youth and their families, and seriously mentally ill homeless and elderly individuals;

[(B) demonstration projects for the prevention of youth suicide;

[(C) demonstration projects for the improvement of the recognition, assessment, treatment and clinical management of depressive disorders;

[(D) demonstration projects for programs to prevent the occurrence of sex offenses, and for the provision of treatment and psychological assistance to the victims of sex offenses; and

[(E) demonstration projects for programs to provide mental health services to victims of family violence.

[(2) MENTAL HEALTH SERVICES.—Mental health services provided under paragraph (1)(A) should encompass a range of delivery systems designed to permit individuals to receive treatment in the most therapeutically appropriate, least restrictive setting. Grants shall be awarded under such paragraph for—

[(A) research demonstration programs concerning such services; and

[(B) systems improvements to assist state and local entities to develop appropriate comprehensive mental health systems for adults with serious long-term mental illness and children and adolescents with serious emotional and mental disturbance.

[(b) INDIVIDUALS AT RISK OF MENTAL ILLNESS.—

[(1) The Secretary, acting through the Director, may make grants to States, political subdivisions of States, and private nonprofit agencies for prevention services demonstration projects for the provision of prevention services for individuals who, in the determination of the Secretary, are at risk of developing mental illness.

[(2) Demonstration projects under paragraph (1) may include—

[(A) prevention services for populations at risk of developing mental illness, particularly displaced workers, young children, and adolescent;

[(B) the development and dissemination of education materials;

[(C) the sponsoring of local, regional, or national workshops or conferences;

[(D) the conducting of training programs with respect to the provision of mental health services to individuals described in paragraph (1); and

[(E) the provision of technical assistance to providers of such services.

[(c) LIMITATION ON DURATION OF GRANT.—The Secretary may make a grant under subsection (a) or (b) for not more than five consecutive one-year periods.

[(d) LIMITATION ON ADMINISTRATIVE EXPENSES.—The Secretary may not make a grant under subsection (a) or (b) to an applicant unless the applicant agrees that not more than 10 percent of such a grant will be expended for administrative expenses.

[(e) AUTHORIZATIONS OF APPROPRIATIONS.—

[(1) For the purposes of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

[(2) Of the amounts appropriated pursuant to paragraph (1), the Secretary shall make available 15 percent for demonstration projects to carry out the purposes of this section in rural areas.]

SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) *PROJECTS.*—The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

(2) training and technical assistance programs;

(3) targeted capacity response programs; and

(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities. The Secretary may carry out the activities described in this subsection directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or private nonprofit entities.

(b) *PRIORITY MENTAL HEALTH NEEDS.*—

(1) *DETERMINATION OF NEEDS.*—Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) *SPECIAL CONSIDERATION.*—In developing program priorities described in paragraph (1), the Secretary, in conjunction with the Director of the Center for Mental Health Services, the Director of the Center for Substance Abuse Treatment, and the

Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of mental health services into primary health care systems.

(c) REQUIREMENTS.—

(1) IN GENERAL.—*Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.*

(2) DURATION OF AWARD.—*With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.*

(3) MATCHING FUNDS.—*The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.*

(4) MAINTENANCE OF EFFORT.—*With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.*

(d) EVALUATION.—*The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.*

(e) INFORMATION AND EDUCATION.—*The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.*

(f) AUTHORIZATION OF APPROPRIATION.—

(1) IN GENERAL.—*There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

(2) DATA INFRASTRUCTURE.—*If amounts are not appropriated for a fiscal year to carry out section 1971 with respect to mental health, then the Secretary shall make available, from the amounts appropriated for such fiscal year under paragraph (1), an amount equal to the sum of \$6,000,000 and 10 percent of all*

amounts appropriated for such fiscal year under such paragraph in excess of \$100,000,000, to carry out such section 1971. [Section 520B of the Public Health Service Act is repealed.]

SEC. 502C. SERVICES FOR YOUTH OFFENDERS.

(a) *IN GENERAL.*—The Secretary, acting through the Director of the Center for Mental Health Services, and in consultation with the Director of the Center for Substance Abuse Treatment, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, and the Director of the Special Education Programs, shall award grants on a competitive basis to State or local juvenile justice agencies to enable such agencies to provide aftercare service for youth offenders who have been discharged from facilities in the juvenile or criminal justice system and have serious emotional disturbances or are at risk of developing such disturbances.

(b) *USE OF FUNDS.*—A State or local juvenile justice agency receiving a grant under subsection (a) shall use the amounts provided under the grant—

(1) to develop a plan describing the manner in which the agency will provide services for each youth offender who has a serious emotional disturbance and has been detained or incarcerated in facilities within the juvenile or criminal justice system;

(2) to provide a network of core or aftercare services or access to such services for each youth offender; including diagnostic and evaluation services, substance abuse treatment services, outpatient mental health care services, medication management services, intensive home-based therapy, intensive day treatment services, respite care, and therapeutic foster care;

(3) to establish a program that coordinates with other State and local agencies providing recreational, social, educational, vocational, or operational services for youth, to enable the agency receiving a grant under this section to provide community-based system of care services for each youth offender that addresses the special needs of the youth and helps the youth access all of the aforementioned services; and

(4) using not more than 20 percent of funds received, to provide planning and transition services as described in paragraph (3) for youth offenders while such youth are incarcerated or detained.

(c) *APPLICATION.*—A State or local juvenile justice agency that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner and accompanied by such information as the Secretary may reasonably require.

(d) *REPORT.*—Not later than 1 year after the date of enactment of this section and annually thereafter, a State or local juvenile justice agency receiving a grant under subsection (a) shall submit to the Secretary a report describing the programs carried out pursuant to this section.

(e) *DEFINITIONS.*—In this section:

(1) *SERIOUS EMOTIONAL DISTURBANCE.*—The term “serious emotional disturbance” with respect to a youth offender means an offender who currently, or at any time within the 1-year period ending on the day on which services are sought under this section, has a diagnosable mental, behavioral, or emotional dis-

order that functionally impairs the offender's life by substantially limiting the offender's role in family, school, or community activities, and interfering with the offender's ability to achieve or maintain 1 or more developmentally-appropriate social, behavior, cognitive, communicative, or adaptive skills.

(2) *COMMUNITY-BASED SYSTEM OF CARE.*—The term “community-based system of care” means the provision of services for the youth offender by various State or local agencies that in an interagency fashion or operating as a network addresses the recreational, social, educational, vocational, mental health, substance abuse, and operational needs of the youth offender.

(3) *YOUTH OFFENDER.*—The term “youth offender” means an individual who is 21 years of age or younger who has been discharged from a State or local juvenile or criminal justice system, except that if the individual is between the ages of 18 and 21 years, such individual has had contact with the State or local juvenile or criminal justice system prior to attaining 18 years of age and is under the jurisdiction of such a system at the time services are sought.

(f) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to carry out this section \$40,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.

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SEC. 522. PURPOSE OF GRANTS.

(A) *IN GENERAL.*—* * *

* * * * *

(i) *WAIVER FOR TERRITORIES.*—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

SEC. 535. FUNDING.

(a) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out this part, there is authorized to be appropriated \$75,000,000 for each of the fiscal years [1991 through 1994] 2000 through 2002.

* * * * *

SEC. 544. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

(a) *IN GENERAL.*—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

(b) *PRIORITY.*—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

(1) propose to provide alcohol and drug prevention or treatment services on reservations;

(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

(3) have provided prevention or treatment services to Native Alaskan entities and Indian tribes and tribal organizations for at least 1 year prior to applying for a grant under this section.

(c) *DURATION.*—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for a period not to exceed 5 years.

(d) *APPLICATION.*—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(e) *EVALUATION.*—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

(f) *REPORT.*—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the services provided pursuant to this section.

(g) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to carry out this section, \$15,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

SEC. 545. ESTABLISHMENT OF COMMISSION.

(a) *IN GENERAL.*—There is established a commission to be known as the Commission on Indian and Native Alaskan Health Care that shall examine the health concerns of Indians and Native Alaskans who reside on reservations and tribal lands (hereafter in this section referred to as the “Commission”).

(b) *MEMBERSHIP.*—

(1) *IN GENERAL.*—The Commission established under subsection (a) shall consist of—

(A) the Secretary;

(B) 15 members who are experts in the health care field and issues that the Commission is established to examine; and

(C) the Director of the Indian Health Service and the Commissioner of Indian Affairs, who shall be nonvoting members.

(2) *APPOINTING AUTHORITY.*—Of the 15 members of the Commission described in paragraph (1)(B)—

(A) 2 shall be appointed by the Speaker of the House of Representatives;

(B) 2 shall be appointed by the Minority Leader of the House of Representatives;

(C) 2 shall be appointed by the Majority Leader of the Senate;

- (D) 2 shall be appointed by the Minority Leader of the Senate; and
- (E) 7 shall be appointed by the Secretary.
- (3) *LIMITATION.*—Not fewer than 10 of the members appointed to the Commission shall be Indians or Native Alaskans.
- (4) *CHAIRPERSON.*—The Secretary shall serve as the Chairperson of the Commission.
- (5) *EXPERTS.*—The Commission may seek the expertise of any expert in the health care field in carry out its duties.
- (c) *PERIOD OF APPOINTMENT.*—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.
- (d) *DUTIES OF THE COMMISSION.*—The Commission shall—
- (1) study the health concerns of Indians and Native Alaskans; and
 - (2) prepare the reports described in subsection (i).
- (e) *POWERS OF THE COMMISSION.*—
- (1) *HEARINGS.*—The Commission may hold such hearings, including hearings on reservations, sit and act at such times and places, take such testimony, and receive such information as the Commission considers advisable to carry out the purpose for which the Commission was established.
 - (2) *INFORMATON FROM FEDERAL AGENCIES.*—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the purpose for which the Commission was established. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.
- (f) *COMPENSATION OF MEMBERS.*—
- (1) *IN GENERAL.*—Except as provided in subparagraph (B), each member of the Commission may be compensated at a rate not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time), during which that member is engaged in the actual performance of the duties of the Commission.
 - (2) *LIMITATION.*—Members of the Commission who are officers or employees of the United States shall receive no additional pay on account of their service on the Commission.
- (g) *TRAVEL EXPENSES OF MEMBERS.*—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under section 5703 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.
- (h) *COMMISSION PERSONNEL MATTERS.*—
- (1) *IN GENERAL.*—The Secretary, in accordance with rules established by the Commission, may select and appoint a staff director and other personnel necessary to enable the Commission to carry out its duties.
 - (2) *COMPENSATION OF PERSONNEL.*—The Secretary, in accordance with rules established by the Commission, may set the

amount of compensation to be paid to the staff director and any other personnel that serve the Commission.

(3) *DETAIL OF GOVERNMENT EMPLOYEES.*—Any Federal Government employee may be detailed to the Commission without reimbursement, and the detail shall be without interruption or loss of civil service status or privilege.

(4) *CONSULTANT SERVICES.*—The Chairperson of the Commission is authorized to procure the temporary and intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of such title.

(i) *REPORT.*—

(1) *IN GENERAL.*—Not later than 3 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that shall—

(A) Detail the health problems faced by Indians and Native Alaskans who reside on reservations;

(B) examine and explain the causes of such problems;

(C) describe the health care services available to Indians and Native Alaskans who reside on reservations and the adequacy of such services;

(D) identify the reasons for the provision of inadequate health care services for Indians and Native Alaskans who reside on reservations, including the availability of resources;

(E) develop measures for tracking the health status of Indians and Native Americans who reside on reservations; and

(F) make recommendations for improvements in the health care services provided for Indians and Native Alaskans who reside on reservations, including recommendations for legislative change.

(2) *EXCEPTION.*—In addition to the report required under paragraph(1), not later than 2 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes any alcohol and drug abuse among Indians and Native Alaskans who reside on reservations.

(j) *PERMANENT COMMISSION.*—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

(k) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to carry out this section \$5,000,000 or fiscal year 2000, and such sums as may be necessary for fiscal years 2001, and 2002.

PART E—CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

SEC. 561. [290FF] COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

(a) GRANTS TO CERTAIN PUBLIC ENTITIES.—

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(c) MATCHING FUNDS.—

(D) for any **[fifth]** *fifth and sixth* such fiscal year, is not less than \$2 for each \$1 of Federal funds provided in the grant.

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SEC. 562. [290FF-1] REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSES OF GRANTS.

(a) SYSTEMS OF COMPREHENSIVE CARE.—

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(g) **WAIVERS.**—*The Secretary may waive 1 or more of the requirements of subsection (c) for public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam., the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.*

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SEC. 565. [290FF-4] GENERAL PROVISIONS.

(a) **DURATION OF SUPPORT.**—The period during which payments are made to a public entity from a grant under section 561(a) may not exceed **[5 fiscal]** *6 fiscal* years.

* * * * * * *

(f) **FUNDING.**—

(1) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year **[1993]**, and such sums as may be necessary for fiscal year 1994. *2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

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[PART F—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE**[DEMONSTRATION PROGRAM IN NATIONAL CAPITAL AREA**

[SEC. 571. (a) IN GENERAL.—The Secretary, in collaboration with the Director of the Treatment Center, shall make a demonstration grant for the establishment, within the national capital area, of a model program for providing comprehensive treatment services for substance abuse.

[(b) PURPOSES.—The Secretary may not make a grant under subsection (a) unless, with respect to the comprehensive treatment services to be offered by the program under such subsection, the applicant for the grant agrees—

[(1) to ensure, to the extent practicable, that the program has the capacity to provide the services to all individuals who seek and would benefit from the services;

[(2) as appropriate, to provide education on obtaining employment and other matters with respect to assisting the individuals in preventing any relapse into substance abuse, including education on the appropriate involvement of parents and others in preventing such a relapse;

[(3) to provide services in locations accessible to substance abusers and, to the extent practicable, to provide services through mobile facilities;

[(4) to give priority to providing services to individuals who are intravenous drug abusers, to pregnant women, to homeless individuals, and to residents of publicly-assisted housing;

[(5) with respect to women with dependent children, to provide child care to such women seeking treatment services for substance abuse;

[(6) to conduct outreach activities to inform individuals of the availability of the services of the program;

[(7) to provide case management services, including services to determine eligibility for assistance under Federal, State, and local programs providing health services, mental health services, or social services;

[(8) to ensure the establishment of one or more offices to oversee the coordination of the activities of the program, to ensure that treatment is available to those seeking it, to ensure that the program is administered efficiently, and to ensure that the public is informed that the offices are the locations at which individuals may make inquiries concerning the program, including the location of available treatment services within the national capital area; and

[(9) to develop and utilize standards for certifying the knowledge and training of individuals, and the quality of programs to provide treatment services for substance abuse.

[(c) CERTAIN REQUIREMENTS.—

[(1) REGARDING ELIGIBILITY FOR GRANT.—

[(A) The Secretary may not make the grant under subsection (a) unless the applicant involved is an organization of the general-purpose local governments within the national capital area, or another public or nonprofit private entity, and the applicant submits to the Secretary assurances satisfactory to the Secretary that, with respect to the communities in which services will be offered, the local governments of the communities will participate in the program.

[(B) The Secretary may not make the grant under subsection (a) unless—

[(i) an application for the grant is submitted to the Secretary;

[(ii) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

[(iii) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(2) AUTHORITY FOR COOPERATIVE AGREEMENTS.—The grantee under subsection (a) may provide the services required by such subsection directly or through arrangements with public and nonprofit private entities.

[(d) REQUIREMENT OF NON-FEDERAL CONTRIBUTIONS.—

[(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount not less than \$1 for each \$2 of Federal funds provided under the grant.

[(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

[(e) EVALUATIONS.—

[(1) BY SECRETARY.—The Secretary shall independently evaluate the effectiveness of the program carried out under subsection (a) and determine its suitability as a model for the United States, particularly regarding the provision of high quality, patient-oriented, coordinated and accessible drug treatment services across jurisdictional lines. The Secretary shall consider the extent to which the program has improved patient retention, accessibility of services, staff retention and quality, reduced patient relapse, and provided a full range of drug treatment and related health and human services. The Secretary shall evaluate the extent to which the program has effectively utilized innovative methods for overcoming the resistance of the residents of communities to the establishment of treatment facilities within the communities.

[(2) BY GRANTEE.—The Secretary may require the grantee under subsection (a) to evaluate any aspect of the program carried out under such subsection, and such evaluation shall, to the extent appropriate, be coordinated with the independent evaluation required in paragraph (1).

[(3) LIMITATION.—Funds made available under subsection (h) may not be utilized to conduct the independent evaluation required in paragraph (1).

[(f) REPORTS.—

[(1) INITIAL CRITERIA.—The Secretary shall make a determination of the appropriate criteria for carrying out the program required in subsection (a), including the anticipated need for, and range of, services under the program in the communities involved and the anticipated costs of the program. Not later than 90 days after the date of the enactment of the

ADAMHA Reorganization Act, the Secretary shall submit to the Congress a report describing the findings made as a result of the determination.

[(2) ANNUAL REPORTS.—Not later than 2 years after the date on which the grant is made under subsection (a), and annually thereafter, the Secretary shall submit to the Congress a report describing the extent to which the program carried out under such subsection has been effective in carrying out the purposes of the program.]

[(g) DEFINITION.—For purposes of this section, the term “national capital area” means the metropolitan Washington area, including the District of Columbia, the cities of Alexandria Falls Church, and Fairfax in the State of Virginia, the counties of Arlington and Fairfax in such State (and the political subdivisions located in such counties), and the counties of Montgomery and Prince George’s in the State of Maryland (and the political subdivision located in such counties).]

[(h) OBLIGATION OF FUNDS.—Of the amounts appropriated for each of the fiscal years 1993 and 1994 for the programs of the Department of Health and Human Services, the Secretary shall make available \$10,000,000 for carrying out this section. Of the amounts appropriated for fiscal year 1995 for the programs of such Department, the Secretary shall make available \$5,000,000 for carrying out this section.]

PART G—PROJECTS FOR CHILDREN AND VIOLENCE

SEC. 581. CHILDREN AND VIOLENCE

(a) *IN GENERAL.*—The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

(b) *ACTIVITIES.*—Under the program under subsection (a), the Secretary may—

(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

(3) provide assistance to local communities in the development of policies to address violence when and if it occurs; and

(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems.

(c) *REQUIREMENTS.*—An application for a grant, contract or cooperative agreement under subsection (a) shall demonstrate that—

(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

(A) security;

- (B) educational reform;
- (C) the review and updating of school policies;
- (D) alcohol and drug abuse prevention and early intervention services;
- (E) mental health prevention and treatment services; and
- (F) early childhood development and psychosocial services; and

(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph(2).

(d) **GEOGRAPHICAL DISTRIBUTION.**—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

(e) **DURATION OF AWARDS.**—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

(f) **EVALUATION.**—The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

(g) **INFORMATION AND EDUCATION.**—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

(h) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, \$100,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.

SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

(a) **IN GENERAL.**—The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of establishing a national and regional centers of excellence on psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing such stress.

(b) **PRIORITIES.**—In awarding grants, contracts or cooperative agreements under subsection (a) related to the development of knowledge on evidence-based practices for treating disorders associated with psychological trauma, the Secretary shall give priority to programs that work with children, adolescents, adults, and families who are survivors and witnesses of domestic, school and community violence and terrorism.

(c) **GEOGRAPHICAL DISTRIBUTION.**—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) with respect to centers of excellence are distributed equitably among the regions of the country and among urban and rural areas.

(d) **EVALUATION.**—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous

evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years. Such grants, contracts or agreements may be renewed.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.

* * * * *

PART H—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

(a) IN GENERAL.—A public or private general hospital, nursing facility, intermediate care facility, residential treatment center, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any physical or chemical restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(b) REQUIREMENTS.—Physical or chemical restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed independent practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

(c) CONSTRUCTION.—Nothing in this section shall be construed as prohibiting the use of restraints for medical immobilization, adaptive support, or medical protection.

(d) DEFINITIONS.—In this section:

(1) CHEMICAL RESTRAINT.—The term “chemical restraint” means the non-therapeutic use of a medication that—

(A) is unrelated to the patient’s medical condition; and

(B) is imposed for disciplinary purposes or the convenience of staff.

(2) PHYSICAL RESTRAINT.—The term “physical restraint” means any mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include devices, such as orthopedically prescribed devices, surgical dressings or ban-

dages, protective helmets, and other methods involving the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the patient from falling out of bed or to permit a patient to participate in activities without the risk of physical harm to the patient.

(3) *SECLUSION*.—The term “seclusion” means any separation of the resident from the general population of the facility that prevents the resident from returning to such population when he or she desires.

SEC. 592. REPORTING REQUIREMENT.

(a) *IN GENERAL*.—Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained, of each death occurring within 24 hours of the deceased patient being restrained or placed in seclusion, or when it is reasonable to assume that a patient’s death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

(b) *FACILITY*.—In this section, the term “facility” has the meaning given the term ‘facilities’ in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(3)).

SEC. 593. REGULATIONS AND ENFORCEMENT.

(a) *TRAINING*.—Not later than 1 year after the date of enactment of this part, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

(b) *REQUIREMENTS*.—The regulations promulgated under subsection (a) shall require that—

(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

(3) such facilities provide complete and accurate notification of deaths, as required under section 582(a).

(c) *ENFORCEMENT*.—A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.

SEC. 1915. ADDITIONAL PROVISIONS.

(a) *REVIEW OF STATE PLAN BY MENTAL HEALTH PLANNING COUNCIL*.—The Secretary may make a grant under section 1911 to a State only if—

(1) the plan submitted under section 1912(a) with respect to the grant *and the report of the State under section 1942(a) concerning the preceding fiscal year* has been reviewed by the State mental health planning council under section 1914; and

(2) the State submits to the Secretary any recommendations received by the State from such council for modifications to the plan (without regard to whether the State has made the recommended modifications) *and any comments concerning the annual report.*

(b) MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES FOR MENTAL HEALTH.—

(1) IN GENERAL.—* * *

* * * * *

(2) *EXCLUSION OF CERTAIN FUNDS.*—*The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principal agency for authorized activities which are of a non-recurring nature and for a specific purpose.*

[(2)] (3) WAIVER.—The Secretary may, upon the request of a State, waive the requirement established in paragraph (1) if the Secretary determines that extraordinary economic conditions in the State justify the waiver.

[(3)] (4) NONCOMPLIANCE BY STATE.—

* * * * *

SEC. 1912. STATE PLAN FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CERTAIN INDIVIDUALS.

(a) IN GENERAL.—* * *

* * * * *

(b) CRITERIA FOR PLAN.—With respect to the provision of comprehensive community mental health services to individuals who are either adults with a serious mental illness or children with a serious emotional disturbance, the criteria referred to in subsection (a) regarding a plan are as follows:

[(1)] The plan provides for the establishment an implementation of an organized community-based system of care for such individuals.

[(2)] The plan contains quantitative targets to be achieved in the implementation of such system, including the numbers of such individuals residing in the areas to be served under such system.

[(3)] The plan describes available services, available treatment options, and available resources (including Federal, State and local public services and resources, and to the extent practicable, private services and resources) to be provided such individuals.

[(4)] The plan describes health and mental health services, rehabilitation services, employment services, housing services, educational services, medical and dental care, and other support services to be provided to such individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including

services to be provided by local school systems under the Individuals with Disabilities Education Act.

[(5) The plan describes the financial resources and staffing necessary to implement the requirements of such plan, including programs to train individuals as providers of mental health services, and the plan emphasizes training of providers of emergency health services regarding mental health.

[(6) The plan provides for activities to reduce the rate of hospitalization of such individuals.

[(7)(A) Subject to subparagraph (B), the plan requires the provision of case management services to each such individual in the State who receives substantial amounts of public funds or services.

[(B) The plan may provide that the requirement of subparagraph (A) will not be substantially completed until the end of fiscal year 1993.

[(8) The plan provides for the establishment and implementation of a program of outreach to, and services for, such individuals who are homeless.

[(9) In the case of children with a serious emotional disturbance, the plan—

[(A) subject to subparagraph (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which system includes services provided under the Individuals with Disabilities Education Act);

[(B) provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service of such system other than comprehensive community mental health services; and

[(C) provides for the establishment of a defined geographic area for the provision of the services of such system.

[(10) The plan describes the manner in which mental health services will be provided to individuals residing in rural areas.

[(11) The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children.

[(12) The plan contains a description of the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved to carry out the provisions of the plan required in paragraphs (1) through (11).]

(1) *COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEMS.*—*The plan provides for an organized community-based system of care for individuals with mental illness and describes available services and resources in a comprehensive system of care, including services for dually diagnosed individuals. The description of the system of care shall include health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services to be provided to individuals with Federal, State and local public and*

private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act. The plan shall include a separate description of case management services and provide for activities leading to reduction of hospitalization.

(2) *MENTAL HEALTH SYSTEM DATA AND EPIDEMIOLOGY.*—The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children and presents quantitative targets to be achieved in the implementation of the system described in paragraph (1).

(3) *CHILDREN'S SERVICES.*—In the case of children with serious emotional disturbance, the plan—

(A) *subject to subsection (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (such system to include services provided under the Individuals with Disabilities Education Act);*

(B) *provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service under such system other than comprehensive community mental health services; and*

(C) *provides for the establishment of a defined geographic area for the provision of the services of such system.*

(4) *TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS.*—The plan describes the State's outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

(5) *MANAGEMENT SYSTEMS.*—The plan describes the financial resources, staffing and training for mental health providers that is necessary to implement the plan, and provides for the training of providers of emergency health services regarding mental health. The plan further describes the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved.

Except as provided for in paragraph (3), the State plan shall contain the information required under this subsection with respect to both adults with serious mental illness and children with serious emotional disturbance.

* * * * *

SEC. 1917. APPLICATION FOR GRANT.

(a) *IN GENERAL.*—For purposes of section 1911, an application for a grant under such section for a fiscal year in accordance with this section if, subject to subsection (b)—

[(1) the State involved submits the application not later than the date specified by the Secretary as being the date after which applications for such a grant will not be considered (in any case in which the Secretary specifies such a date);]

(1) *the plan is received by the Secretary not later than September 1 of the fiscal year prior to the fiscal year for which a State is seeking funds, and the report from the previous fiscal year as required under section 1941 is received by December 1 of the fiscal year of the grant;*

* * * * *

(b) **WAIVERS REGARDING CERTAIN TERRITORIES.**—In the case of any territory of the United States [whose allotment under section 1911 for the fiscal year is the amount specified in section 1918(c)(2)(B)] *except Puerto Rico*, the Secretary may waive such provisions of this subpart and subpart III as the Secretary determines to be appropriate, other than the provisions of section 1916.

SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) **STATES.**—* * *

* * * * *

[(b) **MINIMUM ALLOTMENTS FOR STATES.**—

[(1) **IN GENERAL.**—With respect to fiscal year 1999, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under section 1911 for fiscal year 1998.]

(b) *MINIMUM ALLOTMENTS FOR STATES.*—*With respect to fiscal year 2000, and subsequent fiscal years, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under such section for fiscal year 1998.*

* * * * *

SEC. 1920. FUNDING.

(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this subpart, and subpart III and section 505 with respect to mental health, there are authorized to be appropriated [\$450,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.] *\$450,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.*

(b) **ALLOCATIONS FOR TECHNICAL ASSISTANCE, DATA COLLECTION, AND PROGRAM EVALUATION.**—

(1) **IN GENERAL.**—* * *

(2) **DATA COLLECTION.**—The purpose specified in this paragraph is carrying out [section 505] *sections 505 and 1971* with respect to mental health.

* * * * *

Subpart II—Block Grants for Prevention and Treatment of Substance Abuse

SEC. 1921. FORMULA GRANTS TO STATES.

(a) **IN GENERAL.**—* * *

[(b) **AUTHORIZED ACTIVITIES.**—A funding agreement for a grant under subsection (a) is that, subject to section 1931, the State involved will expend the grant only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities authorized in section 1924.]

(b) *AUTHORIZED ACTIVITIES.*—

(1) *IN GENERAL.*—A funding agreement for a grant under subsection (a) is that, subject to section 1931, the State involved shall expend the grant only for the purpose of—

(A) *planning, carrying out, and evaluating activities to prevent and treat substance abuse in accordance with this subpart and for related activities authorized in section 1924; and*

(B) *screening and testing for HIV, tuberculosis, hepatitis C, sexually transmitted diseases, mental health disorders, and other screening and testing necessary to determine a comprehensive substance abuse treatment plan.*

(2) *SCREENING AND TESTING.*—A State may not use more than 2 percent of a State allotment for a fiscal year to carry out activities under paragraph (1)(B), except that the State shall be considered the payer of last resort and may not expend such funds for such activities to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service under any Federal or State program, an insurance policy, or a Federal or State health benefits program (including programs established under title XVIII or XIX of the Social Security Act), or by an entity that provides health services on a prepaid basis.

SEC. 1922. CERTAIN ALLOCATIONS.

[(a) **ALLOCATIONS REGARDING ALCOHOL AND OTHER DRUGS.**—A funding agreement for a grant under section 1921 is that, in expending the grant, the State involved will expend—

[(1) not less than 35 percent for prevention and treatment activities regarding alcohol; and

[(2) not less than 35 percent for prevention and treatment activities regarding other drugs.]

[(b)] (a) **ALLOCATION REGARDING PRIMARY PREVENTION PROGRAMS.**—A funding agreement for a grant under section 1921 is that, in expending the grant, the State involved—

* * * * *

[(c)] (b) **ALLOCATIONS REGARDING WOMEN.**—

* * * * *

[(2) **WAIVER.**—

[(A) Upon the request of a State, the Secretary may provide to the State a waiver of all or part of the requirement established in paragraph (1) if the Secretary determines that the State is providing an adequate level of treatments services for women described in such paragraph, as indicated by a comparison of the number of such women seeking the services with the availability in the State of the services.

[(B) The Secretary shall approve or deny a request for a waiver under subparagraph (A) not later than 120 days after the date on which the request is made.

[(C) Any waiver provided by the Secretary under subparagraph (A) shall be applicable only to the fiscal year involved.]

[(3)] (2) **CHILDCARE AND PRENATAL CARE.**—A funding agreement for a grant under section 1921 for a State is that each

entity providing treatment services with amounts reserved under paragraph (1) by the State will, directly or through arrangements with other public or nonprofit private entities, make available prenatal care to women receiving such services and, while the women are receiving the services, childcare.

SEC. 1925. GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS.

(a) STATE REVOLVING FUNDS FOR ESTABLISHMENT OF HOMES.—**[For fiscal year 1993 and subsequent fiscal years, the Secretary may make a grant under section 1921 only if the State involved has established, and is providing for the ongoing operation of, a revolving fund as follows:]** *A State, using funds available under section 1921, may establish and maintain the ongoing operation of a revolving fund in accordance with this section to support group homes for recovering substance abusers as follows:*

* * * * *

[SEC. 1928. ADDITIONAL AGREEMENTS.

[(a) IMPROVEMENT OF PROCESS FOR APPROPRIATE REFERRALS FOR TREATMENT.—With respect to individuals seeking treatment services, a funding agreement for a grant under section 1921 is that the State involved will improve (relative to fiscal year 1992) the process in the State for referring the individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals.

[(b) CONTINUING EDUCATION.—With respect to any facility for treatment services or prevention activities that is receiving amounts from a grant under section 1921, a funding agreement for a State for a grant under such section is that continuing education in such services or activities (or both, as the case may be) will be made available to employees of the facility who provide the services or activities.

[(c) COORDINATION OF VARIOUS ACTIVITIES AND SERVICES.—A funding agreement for a grant under section 1921 is that the State involved will coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services).

[(d) WAIVER OF REQUIREMENT.—

[(1) IN GENERAL.—Upon the request of a State, the Secretary may provide to a State a waiver of any or all of the requirements established in this section if the Secretary determines that, with respect to services for the prevention and treatment of substance abuse, the requirement involved is unnecessary for maintaining quality in the provision of such services in the State.

[(2) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) not later than 120 days after the date on which the request is made.

[(3) APPLICABILITY OF WAIVER.—Any waiver provided by the Secretary under paragraph (1) shall be applicable only to the fiscal year involved.]

SEC. 1930. MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES.

(a) IN GENERAL.—* * *

(b) *EXCLUSION OF CERTAIN FUNDS.*—*The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are a non-recurring nature and for a specific purpose.*

[(b)] (c) WAIVER.—

(1) IN GENERAL.—Upon the request of a State, the Secretary may waive all or part of the requirement established in subsection (a) if the Secretary determines that extraordinary economic conditions in the State justify the waiver.

(2) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) not later than 120 days after the date on which the request is made.

(3) APPLICABILITY OF WAIVER.—Any waiver provided by the Secretary under paragraph (1) shall be applicable only to the fiscal year involved.

[(c)] (d) NONCOMPLIANCE BY STATE.—

(1) IN GENERAL.—In making a grant under section 1921 to a State for a fiscal year, the Secretary shall make a determination of whether, for the previous fiscal year, the State maintained material compliance with any agreement made under subsection (a). If the Secretary determines that a State has failed to maintain such compliance, the Secretary shall reduce the amount of the allotment under section 1921 for the State for the fiscal year for which the grant is being made by an amount equal to the amount constituting such failure for the previous fiscal year.

(2) SUBMISSION OF INFORMATION TO SECRETARY.—The Secretary may make a grant under section 1921 for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required in paragraph (1).

* * * * *

SEC. 1932. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

(a) IN GENERAL.—For purposes of section 1921, an application for a grant under such section for a fiscal year is in accordance with this section if, subject to subsections (c) and (d)(2)—

[(1) the State involved submits the application not later than the date specified by the Secretary;]

(1) *the application is received by the Secretary not later than October 1 of the fiscal year prior to the fiscal year for which the State is seeking funds;*

* * * * *

(c) WAIVERS REGARDING CERTAIN TERRITORIES.—In the case of any territory of the United States [whose allotment under section 1921 for the fiscal year is the amount specified in section 1933(c)(2)(B)] *except Puerto Rico*, the Secretary may waive such

provisions of this subpart and subpart III as the Secretary determines to be appropriate, other than the provisions of section 1931.

* * * * *

(e) **WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.**—

(1) *IN GENERAL.*—Upon the request of a State, the Secretary may waive the requirements of all or part of the sections described in paragraph (2) using objective criteria established by the Secretary by regulation after consultation with the States and other interested parties including consumers and providers.

(2) *SECTIONS.*—The sections described in paragraph (1) are sections 1922(c), 1923, 1924, and 1928.

(3) *DATE CERTAIN FOR ACTING UPON REQUEST.*—The Secretary shall approve or deny a request for waiver under paragraph (1) and inform the State of that decision not later than 120 days after the date on which the request and all the information needed to support the request are submitted.

(4) *ANNUAL REPORTING REQUIREMENT.*—The Secretary shall annually report to the general public on the States that receive a waiver under this subsection.

SEC. 1933. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) **STATES.**—

* * * * *

[(b) **MINIMUM ALLOTMENTS FOR STATES.**—

[(1) *IN GENERAL.*—With respect to fiscal year 1999, the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under section 1921 for fiscal year 1998 increased by 30.65 percent of the percentage by which the amount allotted to the States for fiscal year 1999 exceeds the amount allotted to the States for fiscal year 1998.

[(2) **LIMITATION.**—

[(A) *IN GENERAL.*—Except as provided in subparagraph (B), a State shall not receive an allotment under section 1921 for fiscal year 1999 in an amount that is less than an amount equal to 0.375 percent of the amount appropriated under section 1935(a) for such fiscal year.

[(B) *EXCEPTION.*—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for fiscal year 1999 (as compared to the amount allotted to the States in the fiscal year 1998) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for fiscal year 1999 exceeds the amount appropriated for the prior fiscal year.

[(3) Only for the purposes of calculating minimum allotments under this subsection, any reference to the amount appropriated under section 1935(a) for fiscal year 1998, allotments to States under section 21 and any references to amounts received by States in fiscal year 1998 shall include amounts appropriated or received under the amendments made by section 105 of the contract with America Advancement Act of 1996 (Public Law 104–121).]

(b) **MINIMUM ALLOTMENTS FOR STATES.**—

(1) *IN GENERAL.*—With respect to fiscal year 2000, and each subsequent fiscal year, the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under such section for the previous fiscal year increased by an amount equal to 30.65 percent of the percentage by which the aggregate amount allotted to all States for such fiscal year exceeds the aggregate amount allotted to all States for the previous fiscal year.

(2) *LIMITATIONS.*—

(A) *IN GENERAL.*—Except as provided in subparagraph (B), a State shall not receive an allotment under section 1921 for a fiscal year in an amount that is less than an amount equal to 0.375 percent of the amount appropriated under section 1935(a) for such fiscal year.

(B) *EXCEPTION.*—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for a fiscal year (as compared to the amount allotted to the State in the prior fiscal year) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for such fiscal year exceeds the amount appropriated for the prior fiscal year.

(3) *DECREASE IN OR EQUAL APPROPRIATIONS.*—If the amount appropriated under section 1935(a) for a fiscal year is equal to or less than the amount appropriated under such section for the prior fiscal year, the amount of the State allotment under section 1921 shall be equal to the amount that the State received under section 1921 in the prior fiscal year decreased by the percentage by which the amount appropriated for such fiscal year is less than the amount appropriated for such section for the prior fiscal year.

SEC. 1935. FUNDING.

(a) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out this subpart, subpart III and section 505 with respect to substance abuse, and section 515(d), there are authorized to be appropriated [\$1,500,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.] \$2,000,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.

(b) *ALLOCATIONS FOR TECHNICAL ASSISTANCE, NATIONAL DATA BASE, DATA COLLECTION, AND PROGRAM EVALUATIONS.*—

(1) *IN GENERAL.*—

(A) For the purpose of carrying out section 1948(a) with respect to substance abuse, section 515(d), and the purposes specified in subparagraphs (B) and (C), the Secretary shall obligate 5 percent of the amounts appropriated under subsection (a) each fiscal year.

(B) The purpose specified in this subparagraph is the collection of data in this paragraph is carrying out [section 505] sections 505 and 1971 with respect to substance abuse.

* * * * *

(2) **ACTIVITIES OF CENTER FOR SUBSTANCE ABUSE PREVENTION.**—Of the amounts reserved under paragraph (1) for a fiscal year, the Secretary, acting through the Director of the Center for Substance Abuse Prevention, shall obligate 20 percent for carrying out paragraph (1)(C), section **[1949(a)]** 1948(a) with respect to prevention activities, and section 515(d).

(3) **CORE DATA SET.**—*A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.*

[SEC. 1949. REPORT BY SECRETARY.

[Not later than January 24, 1994, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report on the activities of the States carried out pursuant to the programs established in sections 1911 and 1921. Such report may include any recommendations of the Secretary for appropriate changes in legislation.]

SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.

(a) **DEVELOPMENT.**—*The Secretary in conjunction with States and other interested groups shall develop separate plans for the programs authorized under subparts I and II for creating more flexibility for States and accountability based on outcome and other performance measures. The plans shall each include—*

(1) *a description of the flexibility that would be given to the States under the plan;*

(2) *the common set of performance measures that would be used for accountability, including measures that would be used for the program under subpart II for pregnant addicts, HIV transmission, tuberculosis, and those with a co-occurring substance abuse and mental disorders, and for programs under subpart I for children with serious emotional disturbance and adults with serious mental illness and for individuals with co-occurring mental health and substance abuse disorders;*

(3) *the definitions for the data elements to be used under the plan;*

(4) *the obstacles to implementation of the plan and the manner in which such obstacles would be resolved;*

(5) *the resources needed to implement the performance partnerships under the plan; and*

(6) *an implementation strategy complete with recommendations for any necessary legislation.*

(b) **SUBMISSION.**—*Not later than 2 years after the date of enactment of this Act, the plans developed under subsection (a) shall be submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives.*

(c) *INFORMATION.*—As the elements of the plans described in subsection (a) are developed, States are encouraged to provide information to the Secretary on a voluntary basis.

[SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.]

[(a) IN GENERAL.—Subject to subsection (b), any amounts paid to a State under the program involved shall be available for obligation until the end of the fiscal year for which the amounts were paid, and if obligated by the end of such year, shall remain available for expenditure until the end of the succeeding fiscal year.

[(b) EXCEPTION REGARDING NONCOMPLIANCE OF SUBGRANTEES.—If a State has in accordance with subsection (a) obligated amounts paid to the State under the program involved, in any case in which the Secretary determines that the obligation consists of a grant or contract awarded by the State, and that the State has terminated or reduced the amount of such financial assistance on the basis of the failure of the recipient of the assistance to comply with the terms upon which the assistance was conditioned—

[(1) the amounts involved shall be available for reobligation by the State through September 30 of the fiscal year following the fiscal year for which the amounts were paid to the State; and

[(2) any of such amounts that are obligated by the State in accordance with paragraph (1) shall be available for expenditure through such date.]

SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.

Any amounts paid to a State for a fiscal year under section 1911 or 1921 shall be available for obligation and expenditure until the end of the fiscal year following the fiscal year for which the amounts were paid.

* * * * *

SEC. 1955. SERVICES PROVIDED BY NONGOVERNMENTAL ORGANIZATIONS.

(a) *PURPOSES.*—The purposes of this section are—

(1) *to prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services under this title and title V, and the receipt of services under such titles; and*

(2) *to allow the organizations to accept the funds to provide the services to the individuals without impairing the religious character of the organizations or the religious freedom of the individuals.*

(b) *RELIGIOUS ORGANIZATIONS INCLUDED AS NONGOVERNMENTAL PROVIDERS.*—

(1) *IN GENERAL.*—A State may administer and provide substance abuse services under any program under this title or title V through grants, contracts, or cooperative agreements to provide assistance to beneficiaries under such titles with nongovernmental organizations.

(2) *REQUIREMENT.*—A State that elects to utilize nongovernmental organizations as provided for under paragraph (a) shall consider, on the same basis as other nongovernmental organiza-

tions, religious organizations to provide services under substance abuse programs under this title or title V, so long as the programs under such titles are implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution. Neither the Federal Government nor a State or local government receiving funds under such programs shall discriminate against an organization that provides services under, or applies to provide services under, such programs, on the basis that the organization has a religious character.

(c) *RELIGIOUS CHARACTER AND INDEPENDENCE.*—

(1) *IN GENERAL.*—A religious organization that provides services under any substance abuse program under this title or title V shall retain its independence from Federal, State, and local governments, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

(2) *ADDITIONAL SAFEGUARDS.*—Neither the Federal Government nor a State or local government shall require a religious organization—

(A) to alter its form of internal governance; or

(B) to remove religious art, icons, scripture, or other symbols;

in order to be eligible to provide services under any substance abuse program under this title or title V.

(d) *EMPLOYMENT PRACTICES.*—

(1) *TENETS AND TEACHING.*—A religious organization that provides services under any substance abuse program under this title or title V may require that its employees providing services under such program adhere to the religious tenets and teachings of such organization, and such organization may require that those employees adhere to rules forbidding the use of drugs or alcohol.

(2) *TITLE VII EXEMPTION.*—The exemption of a religious organization provided under section 702 or 703(e)(2) of the Civil Rights Act of 1964 (42 U.S.C. 2000e–1, 2000e–2(e)(2)) regarding employment practices shall not be affected by the religious organization's provision of services under, or receipt of funds from, any substance abuse program under this title or title V.

(e) *RIGHTS OF BENEFICIARIES OF ASSISTANCE.*—

(1) *IN GENERAL.*—If an individual described in paragraph (3) has an objection to the religious character of the organization from which the individual receives, or would receive, services funded under any substance abuse program under this title or title V, the appropriate Federal, State, or local governmental entity shall provide to such individual (if otherwise eligible for such services) within a reasonable period of time after the date of such objection, services that—

(A) are from an alternative provider that is accessible to the individual; and

(B) have a value that is not less than the value of the services that the individual would have received from such organization.

(2) *NOTICE.*—The appropriate Federal, State, or local governmental entity shall ensure that notice is provided to individuals

described in paragraph (3) of the rights of such individuals under this section.

(3) *INDIVIDUAL DESCRIBED.*—An individual described in this paragraph is an individual who receives or applies for services under any substance abuse program under this title or title V.

(f) *NONDISCRIMINATION AGAINST BENEFICIARIES.*—A religious organization providing services through a grant, contract, or cooperative agreement under any substance abuse program under this title or title V shall not discriminate, in carrying out such program, against an individual described in subsection (e)(3) on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

(g) *FISCAL ACCOUNTABILITY.*—

(1) *IN GENERAL.*—Except as provided in paragraph (2), any religious organization providing services under any substance abuse program under this title or title V shall be subject to the same regulations as other nongovernmental organizations to account in accord with generally accepted accounting principles for the use of such funds provided under such program.

(2) *LIMITED AUDIT.*—Such organization shall segregate government funds provided under such substance abuse program into a separate account. Only the government funds shall be subject to audit by the government.

(h) *COMPLIANCE.*—Any party that seeks to enforce such party's rights under this section may assert a civil action for injunctive relief exclusively in an appropriate Federal or State court against the entity or agency that allegedly commits such violation.

(i) *LIMITATIONS ON USE OF FUNDS FOR CERTAIN PURPOSES.*—No funds provided through a grant or contract to a religious organization to provide services under any substance abuse program under this title or title V shall be expended for sectarian worship, instruction, or proselytization.

(j) *EFFECT ON STATE AND LOCAL FUNDS.*—If a State or local government contributes State or local funds to carry out any substance abuse program under this title or title V, the State or local government may segregate the State or local funds from the Federal funds provided to carry out the program or may commingle the State or local funds with the Federal funds. If the State or local government commingles the State or local funds, the provisions of this section shall apply to the commingled funds in the same manner, and to the same extent, as the provisions apply to the Federal funds.

(k) *TREATMENT OF INTERMEDIATE CONTRACTORS.*—If a nongovernmental organization (referred to in this subsection as an 'intermediate organization'), acting under a contract or other agreement with the Federal Government or a state or local government, is given the authority under the contract or agreement to select nongovernmental organizations to provide services under any substance abuse program under this title or title V, the intermediate organization shall have the same duties under this section as the government but shall retain all other rights of a nongovernmental organization under this section.

SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

States may use funds available for treatment under sections 1911 and 1921 to treat persons with co-occurring substance abuse and mental disorders as long as funds available under such sections are used for the purposes for which they were authorized by law and can be tracked for accounting purposes.

[PART C—CERTAIN PROGRAMS REGARDING SUBSTANCE ABUSE

[Subpart I—Expansion of Capacity for Providing Treatment

[SEC. 1971. CATEGORICAL GRANTS TO STATES.

[(a) GRANTS FOR STATES WITH INSUFFICIENT CAPACITY.—

[(1) IN GENERAL.—The Secretary, acting through the Director of the Center for Substance Abuse Treatment, may make grants to States for the purpose of increasing the maximum number of individuals to whom public and nonprofit private entities in the States are capable of providing effective treatment for substance abuse.

[(2) ELIGIBLE STATES.—The Director may not make a grant under subsection (a) to a State unless the number of individuals seeking treatment services in the State significantly exceeds the maximum number described in paragraph (1) that is applicable to the State.

[(b) PRIORITY IN MAKING GRANTS.—

[(1) RESIDENTIAL TREATMENT SERVICES FOR PREGNANT WOMEN.—In making grants under subsection (a), the director shall give priority to States that agree to give priority in the expenditure of the grant to carrying out the purpose described in such subsection as the purpose relates to the provision of residential treatment services to pregnant women.

[(2) ADDITIONAL PRIORITY REGARDING MATCHING FUNDS.—In the case of any application for a grant under subsection (a) that is receiving priority under paragraph (1), the Director shall give further priority to the application if the State involved agrees as a condition of receiving the grant to provide non-Federal contributions under subsection (c) in a greater amount than the amount required under such subsection for the applicable fiscal year.

[(c) REQUIREMENT OF MATCHING FUNDS.—

[(1) IN GENERAL.—Subject to paragraph (3), the Director may not make a grant under subsection (a) unless the State agrees, with respect to the costs of the program to be carried out by the State pursuant to such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is—

[(A) for the first fiscal year for which the State receives such a grant, not less than \$1 for each \$9 of Federal funds provided in the grant;

[(B) for any second or third such fiscal year, not less than \$1 for each \$9 of Federal funds provided in the grant; and

[(C) for any subsequent such fiscal year, not less than \$1 for each \$3 of Federal funds provided in the grant.

[(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

[(3) WAIVER.—The Director may waive the requirement established in paragraph (1) if the Director determines that extraordinary economic conditions in the State justify the waiver.

[(d) LIMITATION REGARDING DIRECT TREATMENT SERVICES.—The Director may not make a grant under subsection (a) unless the State involved agrees that the grant will be expended only for the direct provision of treatment services. The preceding sentence may not be construed to authorize expenditure of such a grant for the planning or evaluation of treatment services.

[(e) REQUIREMENT OF APPLICATION.—The secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(f) DURATION OF GRANT.—The period during which payments are made to a State from a grant under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

[(g) MAINTENANCE OF EFFORT.—The Director may not make a grant under subsection (a) unless the State involved agrees to maintain State expenditures for substance abuse treatment services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the first fiscal year for which the State receives such a grant.

[(h) RESTRICTIONS ON USE OF GRANT.—The Director may not make a grant under subsection (a) unless the State involved agrees that the grant will not be expended—

[(1) to provide inpatient hospital services;

[(2) to make cash payments to intended recipients of health services;

[(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

[(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

[(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

[(i) DEFINITIONS.—For purposes of this section—

[(1) The term “Director” means the Director of the Center for Substance Abuse Treatment.

[(2) The term “substance abuse” means the abuse of alcohol or other drugs.]

[(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$86,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.]

**PART C—CERTAIN PROGRAMS REGARDING MENTAL
HEALTH AND SUBSTANCE ABUSE**

SUBPART I—DATA INFRASTRUCTURE DEVELOPMENT

SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.

(a) *IN GENERAL.*—The Secretary may make grants to, and enter into contracts or cooperative agreements with States for the purpose of developing and operating mental health or substance abuse data collection, analysis, and reporting systems with regard to performance measures including capacity, process, and outcomes measures.

(b) *PROJECTS.*—The Secretary shall establish criteria to ensure that services will be available under this section to States that have a fundamental basis for the collection, analysis, and reporting of mental health and substance abuse performance measures and States that do not have such basis. The Secretary will establish criteria for determining whether a State has a fundamental basis for the collection, analysis, and reporting of data.

(c) *CONDITION OF RECEIPT OF FUNDS.*—As a condition of the receipt of an award under this section a State shall agree to collect, analyze, and report to the Secretary within 2 years of the date of the award on a core set of performance measures to be determined by the Secretary in conjunction with the States.

(d) *DURATION OF SUPPORT.*—The period during which payments may be made for a project under subsection (a) may be not less than 3 years nor more than 5 years.

(e) *AUTHORIZATION OF APPROPRIATION.*—

(1) *IN GENERAL.*—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000, 2001 and 2002.

(2) *ALLOCATION.*—Of the amounts appropriated under paragraph (1) for a fiscal year, 50 percent shall be expended to support data infrastructure development for mental health and 50 percent shall be expended to support data infrastructure development for substance abuse.

**[PROTECTION AND ADVOCACY FOR MENTALLY ILL
INDIVIDUALS ACT OF 1986¹]**

Protection and Advocacy for Individuals with Mental Illness Act

TITLE I—PROTECTION AND ADVOCACY SYSTEMS

PART A—ESTABLISHMENT OF SYSTEMS

FINDINGS AND PURPOSE

SEC. 101. (a) The Congress finds that—

* * * * *

DEFINITIONS

SEC. 102. For purposes of this title:

(1) * * *

* * * * *

(4) The term “individual with mental illness” means, *except as provided in section 104(d)*, an individual—

* * * * *

(B) [(i) who] (i)(I) *who* is an inpatient or resident in a facility rendering care or treatment, even if the whereabouts of such inpatient or resident are unknown;

[(ii)] (II) *who* is in the process of being admitted to a facility rendering care or treatment, including persons being transported to such a facility; [or];

[(iii)] (III) *who* is involuntarily confined in a municipal detention facility for reasons other than serving a sentence resulting from conviction for a criminal offense[.]; *or*

(ii) *who satisfies the requirements of subparagraph (A) and lives in a community setting, including their own home.*

* * * * *

(8) The term “American Indian consortium” means a consortium established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 *et seq.*).

* * * * *

USE OF ALLOTMENTS

SEC. 104. (a)(1) * * *

* * * * *

(d) The definition of “individual with a mental illness” contained in section 102(4)(b)(iii) shall apply, and thus an eligible system may use its allotment under this title to provide representation to such individuals, only if the total allotment under this title for any fiscal year is \$30,000,000 or more, and in such case, an eligible system must give priority to representing persons with mental illness as defined in subparagraphs (A) and (B)(i) of section 102(4).

ALLOTMENT FORMULA AND REALLOTMENTS

SEC. 112. (a)(1)(A) * * *

* * * * *

(B) For purposes of subparagraph (A)(ii), the term “relative per capita income” means the quotient of the per capita income of the United States and the per capita income of the State, except that if the State is Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the [Trust Territory of the Pacific Islands] *Marshall Islands, the Federated States of Micronesia, the Republic of Palau*, or the Virgin Islands, the quotient shall be considered to be one.

[(2)] Notwithstanding paragraph (1) and subject to the availability of appropriations under section 117—

[(A) if the total amount appropriated in a fiscal year is at least \$13,000,000—

[(i) the amount of the allotment of the eligible system of each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico shall be the greater of—

[(I) \$140,000; or

[(II) \$125,000 in addition to the amount determined under paragraph (3); and

[(ii) the amount of the allotment of the eligible system of Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and the Virgin Islands shall be the greater of

[(I) \$75,000; or

[(II) \$67,000 in addition to the amount determined under paragraph (3); and

[(B) if the total amount appropriated in a fiscal year is less than \$13,000,000, the amount of the allotment of the eligible system—

[(i) of each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico shall not be less than \$125,000 in addition to the amount determined under paragraph (3); and

[(ii) of Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and the Virgin Islands shall not be less than \$67,000 in addition to the amount determined under paragraph (3).]

(2)(A) *The minimum amount of the allotment of an eligible system shall be the product (rounded to the nearest \$100) of the appropriate base amount determined under subparagraph (B) and the factor specified in subparagraph (C).*

(B) *For purposes of subparagraph (A), the appropriate base amount—*

(i) *for American Samoa, Guam, the Marshall Islands, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands, is \$139,000; and*

(ii) *for any State, is \$260,000.*

(C) *The factor specified in this subparagraph is the ratio of the amount appropriated under section 117 for the fiscal year for which the allotment is being made to the amount appropriated under such section for fiscal year 1995.*

(D) *If the total amount appropriated for a fiscal year is at least \$25,000,000, the Secretary shall make an allotment in accordance with subparagraph (A) to the eligible system serving the American Indian consortium.*

SEC. 117. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated for allotments under this title, \$19,500,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through [1995] 2002.

[Section 612 of the Stewart B. McKinney Homeless Assistance Act is repealed.]

【Titles III and IV of the Narcotic Addict Rehabilitation Act of 1966 are repealed.】

【Chapter 175 of title 28, United States Code, of the Obsolete Title 28 Authorities, is repealed.】

Title 28, United States Code

【The table of contents to part VI of title 28, United States Code, is amended by striking the items relating to chapter 175.】

